NHB/NMRTC BREMERTON
HOSPITAL CORPS CHRONICLES THIS DECADE

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Navy Hospital Corps Distinction of Duty

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – There are 58 names prominently displayed on Naval Hospital Bremerton's Heroes Wall of Honor.

Everyone is a Navy hospital corpsman who lost their life after 9/11.

There are no medics listed, which is not in any way to disparage or lessen the tremendous care, compassion and courage of any U.S. Army combat medic or U.S. Air Force aerospace medical service technician. Especially those who gave their all for another.

It's because there are no medics in the U.S. Navy. Nor have there been any since inception of the Navy Hospital Corps, June 17, 1898.

There have been a few iterations of hospital corpsmen over the years, such as surgeon's mate, surgeon's steward, loblolly boy, nurse, apothecary and bayman, hospital steward, hospital apprentice and pharmacist's mate.

But no medic.

With nearly 127 years of accumulated legacy, along with years stretching back to the Revolutionary War and Civil War, hospital corpsman have somehow become a forgotten fact to more than one national publication, including several specifically tailored to U.S. military audiences.

What to make of such a gaffe, even if unintended? Are there any actual differences between a Navy corpsman and an Army medic, putting aside point of pride which both have earned?

"I believe the main difference between hospital corpsmen and Army or Air Force medics is the scope of their responsibilities within the medical field. From my deployment experiences in Iraq and Afghanistan, I observed that medics in the Army and Air Force are often trained to perform specific, limited tasks," said Chief Hospital Corpsman Weldekiros K. Aregawi, assigned to Navy Medicine Readiness Training Command Bremerton. "In contrast, hospital corpsmen—especially those assigned as Fleet Marine Force assets or stationed aboard ships—are trained and assigned to perform a wide range of medical duties. These can include starting IVs, drawing blood, administering immunizations, applying casts, dispensing medications, and conducting basic lab tests."

It's presumed, perhaps due to unfamiliarity, lack of insight and possibly due to overlapping similarities, corpsmen get labeled as medics more than medics get identified as corpsmen.

"When people refer to me as a medic, I kindly correct them. I am a U.S. Navy Sailor. We are hospital corpsmen. The term medic is appropriate for soldiers and airmen," added Aregawi.

A longtime colleague and prior hospital corpsman pointedly noted that there is a dignified contrast between corpsman and medic.

"I've never once referred to myself as a medic or former medic," exclaimed Regena Kowitz, current Defense Health Network Pacific Rim public affairs officer. "There have been times when I've said that I was a corpsman and received blank looks, at which point I'll clarify by saying, "like a medic in the Army but way better!""

There is a shared trait of being fearless under fire.

Hospital corpsmen are the most highly decorated rate in the U.S. Navy, to date being the collective recipients of 22 Medals of Honor, 199 Navy Crosses and 984 Silver Stars. Over 50 Army medics have received the Medal of Honor for their valor in combat.

"Hospital corpsman is the most decorated rate in the Navy," Aregawi stated, "and with that distinction comes a responsibility to uphold and carry forward the legacy built by those who came before us."

Hospital corpsmen form the Navy's only enlisted corps and are also the Navy's enlisted rating with the most personnel. There are more than 24,000 active duty and Navy Reserve hospital corpsmen assigned to Navy, Marine Corps and joint command assignments, with nearly 30 percent women, compared to over 39,000 active duty, Army Reserve and National Guard combat medics, with over 28 percent women (yet another commonality).

The military occupational specialty for Army combat medics is called 68W, referred to by the call sign Whiskey. A Navy corpsman earns what is referred to as a Navy Enlisted Classification code. Both receive training to learn the fundamental aspects in their chosen medical field, along with additional training to become more specialized.

We reached out to NMRTC Bremerton's 127th Hospital Corps committee for their take on the distinction between hospital corpsman and medic.

"I think the biggest difference is how corpsmen are a more multi-versed group whereas medics are divided by specialty to create a different military occupational specialty [MOS]. As corpsmen, we work in emergency medicine, preventative medicine, surgery, dental, radiology, laboratory, mental health, education, admin, and more. We acclimate to whatever billet we are placed in. Medics, traditionally, stay within their specialty only and are not sent to a specialty without having that MOS specific training," shared Hospital Corpsman 2nd Class Sierra Valdez, assigned to Patient Administration.

Corpsmen like Valdez tailor their skillset in some 39 specialties – whether subsurface as a deep sea diving independent duty corpsman to a shipboard IDC – all with advanced training opportunities.

Conversely, an Army medic can further hone their skills and become a Special Forces medical sergeant learning trauma and critical care medicine, and how to identify illnesses and handle injuries in the field. A trained medic can be part of a combat unit or get specialized training in such fields as physical therapy or as surgical technicians.

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Another common denominator all branches share, and what sets them completely apart from their civilian counterparts, is that wearing the cloth of the nation means they can be called away at a moment's notice to provide support when needed. They deploy. Away from home. For months at a time.

Combat medics get assigned to infantry units across the globe, as well as working at stateside military treatment facilities. They lend support during humanitarian assistance and disaster relief needs. During the pandemic years [2020-2023], Army medics helped set up a 250-bed field hospital up the road from Madigan Army Medical Center at Seattle's (then) CenturyLink Event Center to help treat non COVID-19 patients.

For corpsmen? Its haze gray underway, either surface, subsurface or airborne along with being assigned at hospitals and clinics, considered prime teaching and training platforms. Additionally wherever the Marines go, so do corpsmen. Side by side. Battling and bandaging. Those who earn their Fleet Marine Force qualification are able to provide medical and operational support and earn the title of 'doc' by their Marines.

"We are the medical assets for the Marine Corps. We are the first line of defense and are privileged to be the ones to save our brothers and sisters so they can return home to their families and friends," said Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Urgent Care Clinic leading petty officer and Tactical Combat Casualty Care course instructor.

With Navy Medicine shifting priorities from those years spent down range in Afghanistan to preparing for peer-to-peer adversarial combat, a FMF corpsman or IDC might not have medical evacuation support in a timely manner. They might be on a guided missile destroyer across the vastness of the Pacific, attached to a Marine Expeditionary Group in the northern Atlantic, or somewhere in between. It's up to them to care for their troops, from daily sick call to casualty care, without the immediate presence of a Navy Medical Corps physician or Navy Nurse Corps officer.

The services are actively engaging in more joint collaboration training to ensure Navy, Army, and Air Force personnel can work together, as well as with other allied nations to improve operational readiness.

Another comparable quality between hospital corpsmen and medics is both answer the call of duty on the field of battle. Some don't return home, leaving a nation to grieve at their loss.

Such has been the case for both service branches in recent years.

Hospital Corpsman 3rd Class Maxton Soviak was added to the command's Heroes Wall of Honor. He was killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

Former soldiers gathered at the Medical Education and Training Campus, Joint Base San Antonio-Fort Sam Houston in March, 2022, to remember their fallen comrade-in-arms, Army medic Sgt. 1st Class Benjamin Sebban, killed in action in Iraq over 15 years ago, during a building dediction named in his honor.

So, is the distinction important?

Hospital Corps is in the Kowitz family DNA. Regena's met husband Brad, retired master chief hospital corpsman and independent duty corpsman, when they both were young corpsmen assigned to Naval Hospital Bremerton. The lineage has also been passed to their children.

"Not many people can say they love Navy Medicine so much they birthed a hospital corpsman," quipped Kowitz, noting that son Jordan was born at Naval Medical Center San Diego and served at U.S. Naval Hospital Okinawa and with 3rd Battalion, 5th Marines and 2nd Battalion, 5th Marines at Marine Corps Base Camp Pendleton, California.

"I think it's important to remember the difference between medics, corpsman, and any other rates," Valdez added. "We each have our own culture and history."

That distinction is rooted in the corpsmen pledge to "hold the care of the sick and injured as a sacred trust," and the Army medic creed to provide "the best possible care to those in need."

The collective consensus is that both corpsmen and medic are unique in their shared sense of duty.

Especially when it matters most to save the life of another.

Sharing the font of Fleet Marine Force knowledge

(May 21, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – Teaching the Tactical Combat Casualty Care course is a labor of love.

So insists Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton TCCC course instructor.

“I love being a TCCC instructor. I can teach a course and know I’m making a difference,” said Santistevan, a 13-year Navy veteran, from Pueblo, Colorado and a Centennial High School grad, “home of the Bulldogs.”

From assignments with the 1st Battalion, 25th Marines of 4th Marine Division on Okinawa and at Marine Corps Air-Ground Combat Center, Twentynine Palms, California, Marine Corps Base, and with the 1st Medical Battalion, 1st Marine Logistics Group, Marine Corps Base Camp Pendleton, Santistevan has taught TCCC to Sailor and Marine enlisted and officer, as well as civilian personnel.

“If you were to ask any of my students in any of my classes since I started teaching in 2019 what I think about it, any of them, they’ll all tell you the same thing. I am passionate. I am thorough. I am aggressive. I am a bit much. I am hard. I am a good instructor,” admitted Santistevan, also Naval Hospital Bremerton Urgent Care Clinic leading petty officer.

His journey to Navy Medicine was fostered in part by an empathic epiphany moment.

“My cousin got really sick when I was in high school and was admitted to Children’s Hospital in Denver. I missed two weeks of school to stay with him because I refused to leave his patient room,” shared Santistevan. “One night

Leading from the FMF front…Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor, paces corpsmen students through week-long classroom and field training to hone their abilities in an austere combat environment. “I love being a TCCC instructor. I can teach a course and know I’m making a difference,” said Santistevan, a 13-year Navy veteran, from Pueblo, Colorado and a Centennial High School grad, “home of the Bulldogs.” TCCC is an operational necessity for all corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Field of battle scrutiny…under the watchful – and demanding – gaze of Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor, Hospitalman Joseph Clark is actively critiqued on his response ability to a battlefield injury. TCCC is an operational necessity for Clark and all other corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries. For Santistevan, teaching the Tactical Combat Casualty Care course is a labor of love. "I love being a TCCC instructor. I can teach a course and know I'm making a difference," said Santistevan (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

when one of the nightshift nurses came into the room to do vitals and a blood draw, I remember just sitting there, watching and feeling so helpless. Frustrated that I could do nothing to help him. At that moment, at 2 am, I knew that I never wanted to feel helpless like that again or to have other people feel like I did. I wanted to be the person who was taking care of people."

Putting thought to action, he has followed his principles in caring for others in need, and guiding others to have the necessary aptitude to also do the same.

As a U.S. Navy hospital corpsman who has deployed with the Marine Corps, Santistevan has achieved Fleet Marine Force qualification, proving the ability to provide medical and operational support on the field of battle. The designation is not just a professional achievement for him.

It encompasses a range of intangibles from having the dedication and determination to the discipline and desire. It also means he readily – without hesitation – adds to the corpsmen legacy of taking on the difficult to care for others.

"The thing that stands out the most to me about being FMF is the suck. It never changes, it happens consistently and always at the worst times. But the thing about being FMF is that you're always in it together. You're always 'embracing the suck' with your brothers and sisters next to you," explained Santistevan, referring to a phrase which gained distinction during Operation Iraqi Freedom that the best way to handle any challenge is to never back down or away from it.

Corpsmen assigned to Marine Corps units are alongside their Devil Dogs for every mission, deployment and operation. Santistevan attests it can be a challenge at times, with grueling physical demands a norm, minimal rest and

Tactical Combat Casualty Care under Fleet Marine Force supervision… Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor keeps an attentive eye on corpsmen students taking week-long TCCC classroom and field training to hone their abilities in an austere combat environment. For Santistevan, teaching the Tactical Combat Casualty Care course is a labor of love. "I love being a TCCC instructor. I can teach a course and know I'm making a difference," said Santistevan (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

limited recovery time.

Yet that FMF background is a gratifying aspect in his career, not just in the field, but also working in a military treatment facility and especially teaching and preparing others.

"The gratification from being an FMF corpsman is definitely giving back and training new corpsmen. Whether they're junior to you, or if they're peers or even seniors who don't have their pin yet, they'll eventually be your brother or sister. You're on the same team, and you want to have the best team beside you if and when you're needed. It is up to you to train them to your best ability," Santistevan said.

His ability is on open display during every training session, from lecture hall to fieldwork.

"I tell every class when I introduce myself that I love teaching TCCC, and it is one of the top things I care about."

He will arrive early.

He will stay late and help students practice skills.

He will break bread with his students and help them go over – again and again – the necessary aptitude to handle everything from tourniquets to blood transfusions so such skills become muscle memory when urgently prioritizing battlefield care.

"The most important part about being an FMF corpsman and learning/teaching TCCC is there is already an expectation. The expectation is that because you are wearing the warfare device you are no longer just a corpsman. You are 'Doc,'" explained Santistevan. "With the new title comes increased responsibilities. You are expected to know more about medicine. You are expected to do all you can to take care of Marines. You are expected to save your patients and teach others how to save patients. You can see another corpsman with the same pin on their chest and know you can count on them. They have been through similar situations, embraced similar sucks, understand the expectation and weight, and will stand with you and beside you."

Since the inception of the Navy Hospital Corps, June 17, 1898, their accumulated legacy - most highly decorated rate and Navy's only enlisted corps - has been hard earned and one that Santistevan is helping to keep relevant and ready.

"I love medicine. I love passing my TCCC knowledge on to my students. It is the reason I am an instructor. It makes me sweat, makes me mad, brings me joy and challenges me. It makes me feel fulfilled."

Bearers of lifesaving care...Safely relocating the wounded during TCCC involves the three primary principles of treating the casualty—as in this case preparing for evacuation— preventing additional injuries and completing the mission…(official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer)

Navy Support on the Homefront for NHB Sailor

(May 19, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Long have U.S. Navy hospital corpsmen answered the operational readiness call when needed.

Even to return home.

When Hospital Corpsman 2nd Class Marissa Stancil learned about the opportunity to support the unique Navy mission of Huntsville Navy Week by heading back to her Alabama roots, April 21-27, 2025, there was no way she could pass up the chance.

"Why not! I love my job. It was the perfect occasion to get to talk about it," said Stancil, from Albertville, Alabama, approximately 47 miles outside Huntsville and assigned to Navy Medicine Readiness Training Command Bremerton as a Main Operating Room surgical technician. "I saw it as a great opportunity to step out of my comfort zone as an introvert.

For the seven year Navy veteran and Albertville High School 2013 graduate, it was the chance to give back to the area she grew up.

According to the Navy Office of Community Outreach who coordinates the event, Navy Weeks are a specialized series of outreach events specifically designed to give Americans an opportunity to learn about the Navy, the officers and enlisted personnel who serve, and its mission to maintain, train and equip combat-ready naval forces capable of winning wars, deterring aggression and maintained freedom of the seas for 250 years.

The Huntsville area is a state hub for the military, with strong ties to the U.S. Army and NASA. Navy uniforms are not a common sight in the state's most populace city. As such, the Navy Week provided Stancil to readily explain her role as a part of a ready medical force ensuring that America has a medically ready force.

"We received a few comments of, "where'd you park the boat?" But overall, people were just curious. There was a little bit of who has more pride banter as well, but all in good fun," Stancil said, adding that the Huntsville response to her and other Navy personnel was overwhelmingly positive.

"We were appreciated everywhere we showed up. North Alabama is a very compassionate area. It's hard to find someone who isn't helping someone else. There were many teams that contributed to humanitarian projects and the organizers were so grateful. In addition, the area is full of very passionate people, so even at social events we felt our appearance welcomed," shared Stancil.

Stancil's infectious enthusiasm was on full display at many venues throughout the eights-days-a-week event, along with her hospital corpsman specialty training as a surgical technician.

"Oh, the places we got to go," exclaimed Stancil, who represented the Navy Medicine contingent at a number of local colleges and high schools.

"My high school was one of them! It was great visiting my health science class and seeing how much the school has grown! While we were visiting Drake State, they were hosting a health fair for a local elementary school. The

nursing students were gaining didactic experience in pediatric heath education and the children were having a great time learning," said Stancil.

Stancil and the other Navy Medicine representatives also joined another group in a Navy birthday celebration at the local Floyd E. "Tut" Fann State Veteran's Home.

"It was amazing! I even met another corpsman there," related Stancil, who also found herself in the limelight on a daily newscast. "Being from the area, I was able to go to the local news station, which was very cool to see how what we see on the television is made behind the scenes."

One of the many highlights for Stancil was touring the Hudson Alpha Institute for Biotechnology.

"Their team was very engaged as Rear Adm. Todd Weeks, program executive officer, strategic submarines spoke and even conversed with the Navy Medicine team at the end," said Stancil, acknowledging that visiting the U.S. Space and Rocket Center was a definitive highpoint.

"Every evening there was a social event. One of my favorites was the first night at the Space and Rocket Center. There's a very excited picture of me floating around social media. My co-workers have named it, "the super smile." Apparently, I do not hide excitement well. This event was especially powerful to me because I attended leadership camp there in high school. I had the amazing opportunity to reflect on where I started as a leader while surrounded by my leaders, peers, and future leaders," stated Stancil, who continues to professionally - and even scholastically - bolster her career as demonstrated by receiving her Bachelor of Science degree in 2023 from American Military University.

Stancil was afforded several notable moments to share on her chosen career path as a hospital corpsman with surgical technologist specialty training in supporting Navy Medical Service Corps and Nurse Corps officers in operating room and surgical suites, along with providing treatment care, safety, and support to patients before, during and after surgery and assisting the anesthetist during operating procedures and helping with other duties relating to surgery. Grade school and high school students were collective rapt audiences and openly shared their curiosity in all things Navy, even uniform items like footwear.

"I lived for all such little moments. Just seeing, hearing and sharing was very memorable, such as a 12-year old commenting I was more fashionable than my other friends (Navy officers…) because I chose to wear black shoes instead of the white shoes. Of course kids notice such details," recollected Stancil. "And watching teenagers break out of their shells and asking us questions!"

Stancil attests the Huntsville Navy Week felt like one week-long civic, cultural and community, providing numerous chances to mix and mingle with local residents.

"A 12-hour day was a short day," said Stancil, acknowledging the commitment was demanding, albeit in a good way. "It was challenging, but that's what I went for. I knew I had to give it my all because a lot of people were supporting me at NHB being away from work. I made a point to talk to as many people as possible and to shy away from nothing. Talking with other Sailors there was also gratifying. There is so much the Navy does and it was so enlightening to listen to everyone's stories."

Stancil also expressed appreciation to her command and co-workers.

"I used to think how cliché it sounded when someone would say, "thank you for holding down the fort." But I guess I never got to experience something so impactful. I can't shake the immense gratitude for my peers for taking on the extra work when I was gone, my leadership helping me get there and the continued support I received while gone and now back at work."

Since 2005, the Navy Week program has served as the Navy's flagship outreach effort into areas of the country without a significant Navy presence, providing a firsthand look at why the Navy matters to cities like Huntsville.

There are 14 other locales slated to host Navy Week in 2025, which began in Tucson, Arizona in February, followed by Sacramento, California in March, American Samoa also in April, followed by Richmond, Virginia in May, Anchorage, Alaska and Duluth, Minnesota in June, Milwaukee, Wisconsin in July, Sioux Falls, South Dakota, Columbus, Ohio, and Springfield/Branson, Missouri in August, Wichita Falls, Texas and Hartford, Connecticut and Springfield, Massachusetts in September, Eugene, Oregon in October and Sante Fe, New Mexico in November.

Corpsman Up when Man is Down – TCCC at NMRTC Bremerton

(May 13, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer - The sound of explosions tore through the morning calm and shredded a squad on patrol.

Man down meant corpsman up.

The faux firefight was proving ground for hospital corpsmen assigned to Navy Medicine Readiness Training Command Bremerton to hone their Tactical Combat Casualty Care abilities in an austere combat environment.

TCCC is an operational necessity for all corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries.

"TCCC is a requirement because we are the medical assets for the Marine Corps. We are the first line of defense and are privileged to be the ones to save our brothers and sisters so they can return home to their families and friends," said Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Urgent Care Clinic leading petty officer and course instructor.

The week-long classroom and field training provided approximately 24 hospital corpsmen with knowledge-based instruction, followed by hands-on technique on how to provide emergency medical support and evacuation during a simulated combat environment.

"The reason we teach and practice TCCC is to save the greatest number of lives possible by doing the greatest amount of good for the greatest number of people. The only way that is achieved is if we are consistently lethal with the TCCC algorithm. Knowing the TCCC algorithm and being able to perform a patient assessment thoroughly every time, as fast as possible, and as efficiently as possible, is the reason we exist as corpsman in the Role I [initial, immediate medical care at the point of injury]," explained Santistevan.

The applied Navy TCCC algorithm focuses on injury severity, from life threatening needs to non-urgent care. The acronym MARCH - constantly stressed until it's muscle memory – stands for massive hemorrhage, airway, respirations, circulation, and head/hypothermia.

"The algorithm for treating a casualty is to find out what the injuries are, determine what is going to first kill that casualty, treat expeditiously and effectively," stressed Santistevan. "And always reassess."
Santistevan and other instructors demanded rapid response, prompt assessments, and precise applications from the students. Hesitancy and uncertainty were considered opponents as much as enemy combatants.

"We must constantly train and certify, and ensure we are pushing out the most up to date curriculum to our instructors as well as our students," Santistevan said.

The TCCC students learned how to handle primary and secondary patient assessment, administer cardiopulmonary resuscitation, shock recognition, spinal stabilization, casualty movement, airway management, hemor-

rhage control, chest needle decompression, applying splinting and pressure dressings, and more.

Santistevan's goal is for his instruction to make all his corpsmen well versed in TCCC to also become force multipliers when it comes to additional battlefield medicine support.

"We are the steppingstone for medicine to make it to our Marines. In order for them to help us save lives and expand our medical coverage we must first be a sponge ourselves. We teach TCCC to our Marines when we are integrated into their units," said Santistevan.

An established hallmark of military medicine during Operation Enduring Freedom [Oct. 7, 2001 – December 28, 2014] and Operation Iraqi Freedom [March 20, 2003 – December 15, 2011] was what became known as the golden hour, a 60-minute window to rapidly get critically injured personnel to higher echelon of care to drastically and effectively improve their survival odds.

Much discussion amongst military planners and medical care experts warns that process - and the shortened time frame – will not be relevant in future conflict across the vastness of the Indo-Pacific theater of operation.

Santistevan notes that modified training segment(s) are geared towards corpsmen realizing they might have to tend for wounded entrusted in their care for upwards of multiple days, far beyond that 60 minute timeframe.

"We used to live by the golden hour. But with expected conflicts, we have to get comfortable holding our patients for 24, 72 or even 96 hours before transfer to the next echelon of care is even an option," acknowledged Santistevan.

"We have integrated prolonged casualty care into the curriculum at some of the operational units. I like to think of PCC as Role 1.5 or Role I-plus," continued Santistevan. "It is really that step between the TCCC point of injury care and the Navy Role II [with advanced surgical and intensive care capabilities].

According to Santistevan, the PCC program is designed to build upon existing TCCC training.

Corpsmen are taught such skills as chest tube procedure, finger thoracostomies, calculating medication drip rates, wound management and burn care, more complex medications and other doses and uses for the medications they already carry and more.

"It really is an amazing course and invaluable. It can also be very challenging and demanding, which is also why TCCC is absolutely necessary and essential," said Santistevan, pointedly adding that his goal teaching TCC is for all corpsmen in the course to how to keep their casualty alive to get them to a higher echelon of care.

"Our Marines and warfighters depend on their doc to have their backs," said Santistevan.

Naval Hospital Bremerton hosts DHA Senior Enlisted Leader

(April 29, 2025) By Douglas H. Stutz, NHB/NMRTC Bremerton public affairs officer -- As U.S. Air Force Chief Master Sergeant Tanya Y. Johnson, Defense Health Agency's senior enlisted leader, wrapped up her tour of Naval Hospital Bremerton, she had one final – and fitting – spontaneous request.

Johnson beckoned Hospital Corpsman 2nd Class Cade Crenshaw and presented him with a personal challenge coin.

"You represent the epitome of our Military Health System as a servant leader in providing direct medical care, which enhances mission readiness," Johnson told Crenshaw, one of 11 hospital corpsmen assigned to NHB with behavioral health technician specialty capabilities.

Johnson met Crenshaw earlier on a tour of NHB's Mental Health Directorate on April 24, 2025. Crenshaw explained the facility's wide array of outpatient mental health services, including individual psychotherapy, readiness-related psychological evaluations, and Personnel Reliability Program evaluations for sailors, Marines and Coast Guardsmen across nearly 300 tenant commands in the Pacific Northwest.

Crenshaw, with other behavioral health technicians, pioneered a high level of clinical involvement, characterized by their engagement in nearly 115 safety checks, roughly 585 access-to-care appointments, and over 430 group therapy sessions and individual patient follow-up care.

"Doing eyes and hands-on patient care is something we need to codify. Very impressive," remarked Johnson.

Johnson also met with NHB's leaders and held an all-hands call for senior enlisted and junior officers to candidly discuss the current state of the Defense Health Agency in military medicine.

"As a Navy military treatment facility, your main support is to ships, submarines, and shore commands. The Army has its brigades to look after. Air Force has wings. Each service component exists for lethality, and our job is to ensure we're medically ready to go to war, if needed," Johnson said.

Staffing concerns and fiscal constraints were top topics of discussion during Johnson's visit, readily recognized as a common theme throughout the MHS.

"There's a lot of business in health care delivery, but in the end, it's really all about connecting to people," she said.

"We're a unique health system," continued Johnson. "We train and prepare to go to war. There's no civilian at the front dealing with casualties. That's all you. Dr. [David J.] Smith [Acting Director, DHA] and I appreciate all you do. Stay in the fight. We're supporting you. It's fantastic, all that you do, thinking outside the box to provide care with limited staff."

As the DHA senior enlisted leader, Johnson provides oversight and guidance to enlisted service members in support of readiness and peacetime healthcare delivery missions.

She advises on the execution of DHA's combat support activities, and she's responsible for directing the training, utilization, and morale of active duty, civilian, and contracted health care professionals in medical and dental treatment facilities such as NHB.

The Naval Medical Forces Pacific Senior Sailor of the Year

(April 18, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — From amongst a host of qualified contenders for Naval Medical Forces Pacific Fiscal Year 2024 Senior Sailor of the Year, the notable accolades of one surpassed those of his peers.

Hospital Corpsman 1st Class Robert L. O'Bryant, assigned to Navy Medicine Readiness Training Command Bremerton and a Louisville, Kentucky native, was selected for the annual award.

"This is a recognition of the hard work and dedication that Team Bremerton exemplifies every day," exclaimed O'Bryant. "My peers, leaders, and the triad [commanding officer, executive officer and command master chief] are what inspired me to work this hard. It's a showing of how dynamic they are, as well. I couldn't have accomplished this without them and our team here. It means more than the world to me. I was honored to even be there with others so well qualified."

His credentials were significant including taking on responsibility of acting leading chief petty officer when unplanned manning losses impacted the command's Specialty Services Clinics. He provided critical guidance over a six-month period, ensuring continued focus on Sailor well-being and high-quality patient care.

According to command leadership, O'Bryant, "demonstrated exemplary leadership to a diverse team of 80 staff members across four divisions. He oversaw the care of 30,000 beneficiaries across multiple clinics throughout the Pacific Northwest region, guided 48 enlisted personnel through six first class petty officers, advised 19 officers, and supported 19 civilians. His leadership proved instrumental in navigating the complex merger of the Directorate of Surgical Services and the Directorate of Medical Services, ensuring a seamless transition and maintaining 100 percent personnel accountability."

In reporting senior remarks from Capt. Karla Lepore, NMRTC Bremerton commanding officer, noted in part, "[HM1] O'Bryant is the top performer at NMRTC Bremerton! His motivated foundational leadership and senior level performance and foresight direct all others at the command. He is a vital first class petty officer, performing above his peers in all aspects while filling essential roles typically held by a chief petty officer. He performed all roles and responsibilities with distinction and is the go-to figurehead at the command and throughout his community."

The recent merger of the two directorates within the command included the need for a new leading petty officer position. O'Bryant was selected to handle that responsibility. He managed daily operations for 19 Sailors with five surgical specialties, supported nine providers and bolstered operational readiness within the Pacific Northwest region. His leadership spanned General Surgery, Main Operating Room, Sterile Processing, and clinics encompassing Family Practice, Pediatrics, Internal Medicine, Orthopedics, Oral Surgery, Otolaryngology, Ophthalmology, and Refractive Surgery.

He provided leadership and mentorship to 62 enlisted Sailors across 10 departments, earning four end-of-tour awards for operational excellence. Additionally, he spearheaded weekly directorate leadership meetings which facilitated communication and addressed concerns amongst 14 other leading petty officers and 10 department heads during the realignment. His oversight ensured timely submission of awards, correspondence, and sailor of the quarter packages for 99 personnel, including enlisted, officers, and civilians. With an awareness of operational readiness needs, he also maintained a 100 percent deployability rate for all assigned enlisted personnel.

O’Bryant’s shared his expertise Navy-wide.

As an enlisted technical leader in the specialty field of orthopedic technician, he served as a vital liaison between Bureau of Medicine and Surgery and the fleet managing all aspects related to 122 orthopedic technicians stationed across various shore and operational platforms. This encompassed submitting comprehensive quarterly reports to enlisted community managers, detailing crucial metrics such as training progress, deployment readiness, and addressing any manning shortfalls across the fleet.

More locally, as the command senior [enlisted] orthopedic technician, he was integral in the daily operations of the orthopedic department, ensuring efficient patient care and workflow. Through his diligent expertise his directly the timely triage and treatment of numerous patients, including 10 acute fracture appointments, 10 cast applications, 10 splint placements, 10 suture removals, and five arthrocentesis – also referred to a joint aspiration - injections.

O’Bryant also extended his efforts across the seven seas.

He deployed in support of Pacific Partnership 2024, Solomon Islands Detachment. He led six NMRTC Bremerton Sailors while also assisting with the leadership of a 60 Sailor detachment onboard hospital ship USNS Mercy (T-AH 19).

While forward deployed, he managed shipboard duties and personally assisted in the 2023 Pacific Games supporting 10 events and approximately 500 international athletes.

O’Bryant’s also went well beyond his clinical duties. As assistant command fitness leader, he helped coordinate the 2023 Physical Fitness Assessment cycle for more than 500 Sailors. His leadership proved instrumental in achieving an impressive 96 percent command pass rate and significantly enhanced the command's ability to administer the PFA safely and effectively.

His commitment to service-before-self can best be exemplified by his role as assistant command suicide prevention coordinator, as published earlier: https://www.dvidshub.net/news/480498/connecting-caring-communicating-during-suicide-prevention-awareness-month-nhb

He was the first line of defense in contact, command coordination, and notification for the program, utilizing time critical risk support in the care and treatment of multiple Sailors.

His direction provided personal planning, reintegration resources, and managed care, which ensured a supportive environment. He helped facilitate annual training and nine command indoctrination courses on suicide prevention for 316 staff members across the enterprise.

“HM1 O’Bryant is a selfless leader and consistent top performer who elevates those around him and someone who reflects the very best of Navy Medicine,” remarked NMFP Command Master Chief Jerry Cantorna. “It is fitting that he has been named the Naval Medical Forces Pacific Senior Sailor of the Year, a testament to his dedication and unwavering commitment to mission success and the well-being of our Sailors.”

A Past Remembered, A Present Respected

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — It was 132 years ago – and counting - on April 1, 1893, that the U.S. Navy chief petty officer rank was officially designated.

Navy General Order 409 established that as the Fleet's senior enlisted rank, chief petty officers would primarily serve as a bridge between officers and junior enlisted Sailors.

Along with a whole lot more.

For the approximately 35 active duty chief petty officers – as well as 27 retired chiefs - assigned to Naval Hospital Bremerton, primarily of the hospital corpsman rate, the collective experience, expertise, and leadership of hundreds of accumulated years of experience has helped to develop, mentor and lead the warrior ethos in providing a ready medical force more than capable of ensuring there's a medically ready force when called upon.

"Happy 132nd Birthday, Navy Chiefs! Since their establishment, chiefs have been the mainstay of our Navy—setting the standard for technical expertise, professionalism, and steadfast leadership. Unlike any other military service, the Navy chief serves as the vital link between our Sailors and the wardroom—trusted mentors, advocates, and advisors to both junior Sailors and officers," shared Capt. Karla Lepore, Naval Hospital Bremerton director and Navy Medicine Readiness Training Command Bremerton commanding officer, also recognizing by name those staff members "who were and will always be chiefs."

The Chief Petty Officer pledge, noted Master Chief Hospital Corpsman Joshua Akins, master of ceremonies for the birthday celebration, provided an expressive synopsis of the obligation which comes with being a Navy chief.

"I serve my country and her people with pride and honor. I make things happen and do the best I can. I am charged with a leadership role like no other in the world. I develop junior officer and mold my Sailors. I live by the Navy's core value of honor, courage, and commitment. I set the example. I am a chief petty officer in the United State Navy," Chief Personnel Specialist Caleb Newgard read in part to those in attendance at the ceremony.

The ceremony also included inviting the youngest Navy chief assigned to the command, Chief Hospital Corpsman Richard Heard, who entered the Navy in 2011, and the saltiest elder, retired Navy Chief Hospital Corpsman Steven Jackson, who enlisted in 1982.

I Am Navy Medicine – and SOQ – HM3 Samuel Vasquez

(March 24, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 3rd Class Samuel Vasquez was growing up in Hillsboro, Texas, unbeknownst at the time, the basis of his warrior ethos was forged in becoming a U.S. Navy hospital corpsman.

According to Vasquez, the small rural town and county seat of Hill County – situated between Dallas and Waco, provided the ideal upbringing setting to hone intangible skills such as readiness and responsibility.

"Growing up in a small town I was able to have a more unique childhood than most. I started working around the age of 10 on a family friend's ranch taking care of Texas Longhorns [cattle] and the land," said Vasquez, a Hillsboro High School grad who has been in the Navy for over four years.

Handling innumerable tasks today has been the norm today as it was during yesteryears. Dependability is ingrained as the backbone of his work ethic.

"I strongly believe that starting work at a young age taught me responsibility and being a man of your word as well as being proud of the work you do," Vasquez continued. "Coming into the Navy I quickly gained leadership roles due to my mindset and the ability to ensure task get done before the deadlines."

Vasquez has distinguished himself professionally, as well as personally. During his first enlistment and relatively short time in Navy Medicine, he has spent two years stationed on Naval Air Station Fallon [Nevada] at the base health clinic, followed by his current assignment to Navy Medicine Readiness Training Unit Everett for nearly two years, and counting.

He has distinguished himself as team lead for NMRTU Everett's Medical Homeport Department, an assignment usually handled by a more senior hospital corpsman. He was recently selected by his clinic's parent command, Navy Medicine Readiness Training Command Bremerton, as Junior Sailor of the Quarter.

The selection came as a surprise, yet one which validated his work ethic.

"It meant a lot to me because it shows me that the work I am doing around the clinic and command is being recognized and appreciated," said Vasquez, who immediately informed his wife after being told he was selected.

"At the beginning of my Naval career, I met my wife Jaelynn [also a hospital corpsman third class, with dental technician specialty training] of four years now who has pushed me to be better than I was yesterday," shared Vasquez.

With validation for his dedication and determination, Vasquez attests he is capable of even more in helping provide medical care to those in need.

"Being selected [as sailor of the quarter] shows that I am ready to take the next step to making rank and taking on more responsibility," Vasquez said. "I have great leadership who are easy to talk to and help me when I have questions or concerns."

Vasquez can trace his interest in his Navy career directly to family.

"The person who made me interested was my grandmother who was a registered nurse who passed away due to COVID," related Vasquez. "Before she passed, she worked in the main COVID floor of her hospital. Because of her sacrifice it started a spark inside me that made me want to pursue [a career in] medicine.

NMRTU Everett, located on Naval Station Everett, provides clinical service such as laboratory, pharmacy, occupational health, audiology and physical therapy, along with medical services with primary care, mental health and

optometry to active duty service member, eligible retirees and eligible dependents. There are also ancillary health services which include dental care.

The Medical Homeport Department handles primary care for patients based on the team-based concept with physician, nurse and hospital corpsmen and support staff to ensure patients get the timely health care they need. From supporting Navy fleet assets ensuring operational readiness to retiree and dependent medical concerns, Vasquez continues to emulate his late relative.

“As a team we ensure that all active duty personnel are mentally and physically fit for full duty so all missions ahead run smoothly. Our daily job includes seeing active duty and dependents, throughout the day. One of our main goals every day is to have our patients leaving happier than when they came in,” explained Vasquez, who is a general duty corpsman.

“We are the image of a jack of all trades. Every day can be something new and exciting. It is this type of lifestyle that makes me love being a general duty corpsman,” continued Vasquez, adding that the most important skill needed for a general duty corpsman is being able to rapidly process and “think on your feet.”

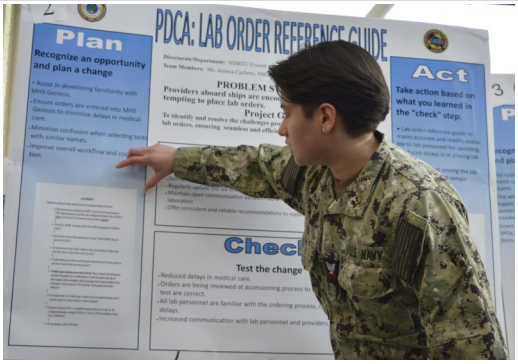
“Live by the Semper Gumby rule to always be flexible and be willing to learn every day. A day without learning something new is a day wasted,” exclaimed Vasquez.

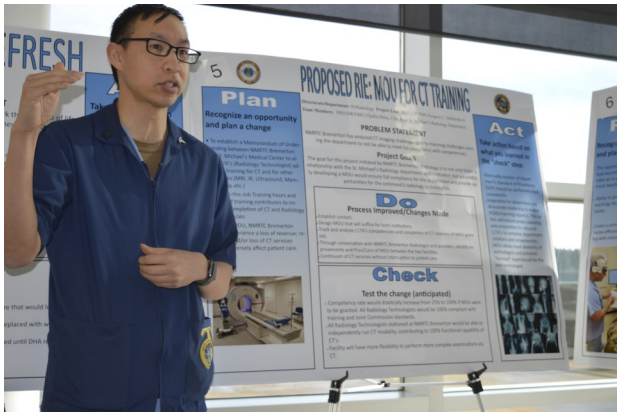
As with all hospital corpsman stationed at NMRTU Everett, they work in a clinic named after Hospital Corpsman 2nd Class David R. Ray, a Medal of Honor recipient killed in action 56 years ago on March 19, 1969. Vasquez and his colleagues know about their clinic namesake and his sacrifice for others.

“I take great honor being a corpsman and being part of the most decorated rate in the Navy. We are held to a higher standard, and I take that standard with me in both my military life and personal life,” stated Vasquez, who is also currently enrolled in American Military University and due to graduate in early 2026.

When asked to sum up his experience as part of Navy Medicine in one sentence, Vasquez replied, “An amazing and unreal experience.”

Corpsmen creativity at Continuous Process Improvement Fair





A Corpsman and Canine Connection for Operational Readiness

(March 12, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — There was a heightened sense – and scent – of collaborative operational readiness training for U.S. Navy and U.S. Army personnel recently.

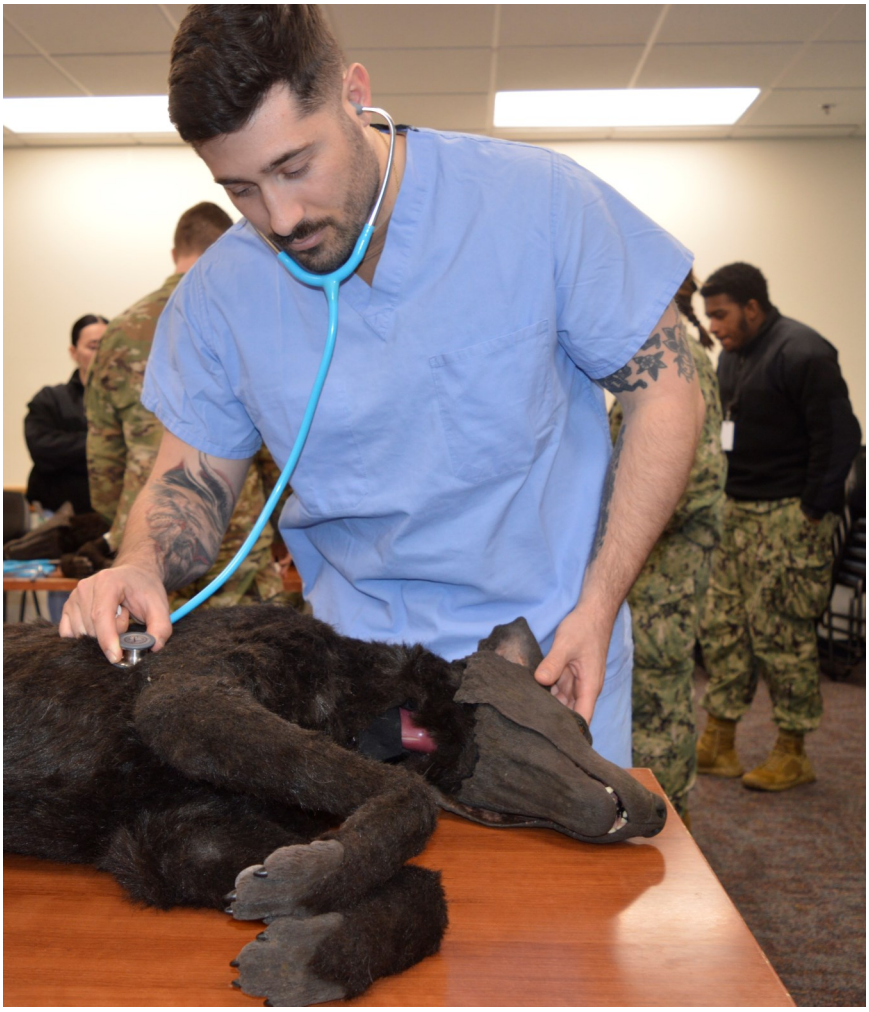
Navy hospital corpsmen, along with Navy Medical Corps, Medical Service Corps and Nurse Corps officers assigned to Navy Medicine Readiness Training Unit Bangor, augmented their Tactical Combat Casualty Care proficiency in the first of four live exercises learning about providing battlefield trauma care to military working dogs.

“At the end of this exercise, medical officers and corpsmen will build confidence in their ability to increase military working dog survivability on the battlefield and strengthen teamwork skills by working together for a common goal,” explained U.S. Army Capt. Tania Thompson-Borho, Army Veterinary Corps and officer in charge of the Veterinary Treatment Facility located on Naval Base Kitsap Bangor.

Military working dogs have long been part of America’s operational readiness, although they didn’t have an official role until 1942 during World War II. Since then, they’ve been with soldiers, Sailors, airmen and Marines up through Operation Enduring Freedom and Operation Iraqi Freedom until present day. There are approximately 1,600 military working dogs currently serving in a variety of mission essential land, sea, air roles, including security, search and rescue and part of foot – and paw – patrols.

“This training will improve the ability of non-veterinary medical providers like Navy corpsmen to render correct and timely treatment for military working dogs having a medical emergency in an operational environment,” said Thompson, joined by two of her vet clinic animal care specialists.

“Our goal is to reciprocate learning K9TCCC from our Army colleagues with sharing our TCCC methods to those soldiers assigned to the veterinarian clinic on [Naval Base Kitsap Bangor] base,” added Lt. Cmdr. Anthony Meier, NMRTU Bangor department head who coordinated the event for the Naval Hospital Bremerton’s branch health clinic staff.



"We're going in stages, starting with what is normal for a dog," continued Thompson "Dog normal is vastly different than human normal, especially when it comes to treating any type of injury."

Thompson initially explained basic canine anatomy and physiological body structure, examination principles, followed by tactical field care advice.

Just as with treating a human casualty with TCCC concepts – with a corpsman having to take into account the tactical side as well as dealing with traumatic injuries on a human casualty - there are key areas to focus on a wounded dog, such as airway, respiration and circulation.

"There's also hypothermia and head trauma. Military Working Dogs can suffer from shock," Thompson said. "The parameters to check for shock include heart rate, pulse and body temperature.

"If their mental awareness seems depressed instead of alert, the dog could be in an early decompensatory stage of shock. A late decompensatory stage would have a dog in a stupor."

The second week of training is slated to cover airway (tracheostomy), respiration (needle decompression) and intubation (with two faux canine mannequins). The third week will focus on treating a massive hemorrhage, treating shock and providing cardiovascular support, and bandaging.

The last training session will go over appropriate medications for military working dogs and emergency first aid CPR procedure for a canine.

Just as TCCC is mandatory training for Navy hospital corpsmen before deploying to equip them with the necessary techniques, abilities and knowledge to provide emergency medical support and evacuation during a combat environment, those in attendance can now use the K9TCCC standards of rapid response, prompt assessments, and precise applications for canine care.

Candid appeal from the top…NMRTC Bremerton Command Master Chief William P. Eickhoff delivers closing remarks at the command's annual Holiday Safety Standdown, noting that the annual affair is attended and heard by many. But is the message retained? "Let's be honest with ourselves and each other. Don't forget [what was shared here today]. Just take one second. Think about others who our behaviors and decisions can impact," said Eickhoff, stressing situational awareness on state traffic laws, distracted driving, winter driving tips, collisions, and driving under the influence (Dec. 6, 2024, Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer).

Corpsmen Up for those in need…hospital corpsmen assigned to Naval Hospital Bremerton prepare to assist Internal Medicine Clinic patients with transitioning to a civilian provider in the surrounding network.
The patients, all TRICARE For Life, were addressed by NHB leadership during a Town Hall meeting held January 31, 2025.

The standing room only crowd, many who had received a letter notifying them of the event, were there to hear – and be heard – on a transition impacting their access to care at NHB. NHB is going to lose all active-duty Internal Medicine physicians due to retirement and permanent change of duty orders, which will leave the clinic with only one physician still assigned and well over 2,000 patients enrolled.

"One physician for 2,200 patients…those numbers just don't add up," said Capt. Molly Jenkins, NHB executive officer. The resulting loss of the providers will impact those empaneled Internal Medicine TRICARE For Life patients in attendance in several specific ways, particularly with decreased access to care and increased appointment wait times.

For the patients to still receive the care needed - in a timely manner – NHB is assisting with transitioning hundreds of TRICARE For Life patients into the surrounding network with providers, doctor offices and medical clinics who accept Medicare. Questions were answered, queries were addressed, and computer-access assistance was set up to help those in need locate a provider by a team of Family Medicine department and Internal Medicine

Parading a Tradition—Color Guard Legacy at NHB

(September 12, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — When two iconic steel I-beams from the World Trade Center attack on September 11, 2001, were transported to Kitsap County to become the focal point for a 9/11 memorial, a color guard was needed to help with the symbolic and solemn flag folding portion of the arrival ceremony in 2010.

Organizers of the event contacted Naval Hospital Bremerton.

When coordination for a Sunday morning ceremony in 2016 required a color guard to help commemorate the 15th remembrance of the Sept. 11 terrorist attacks against the U.S., they knew who to contact.

Naval Hospital Bremerton answered the call.

Even back upon the grand reopening of the new span for the Tacoma Narrows Bridge in 2007, Washington State Department of Transportation wanted to have a color guard to help formally commemorate the occasion.

They asked Naval Hospital Bremerton.

Whether opening for such diverse venues as Washington State Special Olympics, Memorial Day remembrances, Veteran's Day observations and even annual Washington State Congressional and U.S. Senate sessions, NHB Sailors have long been in demand to present the flag of the United States when requested.

The majority of the appearances for the color guard are mainly supporting local commands for Navy retirement ceremonies, change of commands, official observances and pageantries. Over the years the team has responded to requests in the state as far south as the small town of Toledo to Whidbey Island up north, across Puget Sound in Seattle and Everett areas, and throughout the greater Kitsap Peninsula supporting community events.

That dedication holds true today for the all-volunteer team of 16 NHB Sailors who willingly volunteer to parade the colors with flags and rifles and also handle other ceremonial needs such as flag folding.

They have performed 20 events in 2024 and 31 since September 2023.

“NHB color guard is a volunteer command collateral duty,” said Hospital Corpsman 2nd Class (Fleet Marine Force) Charles D. Oetting, Operational Readiness Clinic and Color Guard leading petty officer.

“[I] absolutely love it,” exclaimed Hospital Corpsman 3rd Class Ly Tran, of NHB’s Orthopedic Clinic. “It’s gratifying to be involved with the command and community.”

There can be some unique complications, especially when dealing with an unknown setting in the surrounding community. Some buildings with low ceilings were just not designed to display the colors for a ceremony.

Other venues have tight space to accommodate team members parading the colors. Outdoor settings can be at the mercy of the Pacific Northwest weather.

Yet they adapt and overcome any such obstacles.

“Starting off can be a challenge due to the unfamiliarity/comfortability,” acknowledged Oetting, also noting that since the majority of the color guard team works in a clinical capacity, it can be a stretch at times to fill the team due to patient care responsibility.

Military commands like NHB have been presenting the colors since America’s inception, which usually feature four Sailors attired in dress uniform, with the outside two holding rifles, flanking the inner two displaying flags of the United States and U.S. Navy.

Fulfilling such traditional requirements has been noteworthy for Oetting.

The most memorable? When he provided additional ceremonial duties by filling in with the boatswain whistle to ‘pipe aboard’ and ‘pipe ashore’ official parties during NHB/Navy Medicine Readiness Training Command Bremerton change of command and following retirement ceremony.

“I would say [my most memorable] is the Memorial Day at the Waterfront Park, Poulsbo and the Change of Command/Retirement for NMRTC Bremerton,” added Tran.

Oetting attests that it is rewarding being part of the team.

“Being highly thought of is gratifying regarding [our] military bearing,” Oetting said, citing that anyone interested in volunteering will learn how to be part of the dedicated team which always maintains exact Navy standards and expectations.

Tran affirms being part of the color guard is directly linked not just making a commitment to the command but also engaging in community relation involvement as well.

“It is fun and gives the chance to see and experience ceremonies that do not regularly happen,” Tran said.

“We always welcome new members,” stressed Oetting.

Connecting, Caring Communicating for Suicide Prevention at NHB

(September 10, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — As staff members filed into Naval Hospital Bremerton's Ross Auditorium for an annual training requirement, Hospital Corpsman 1st Class Robert Lee O'Bryant was positioned near the entrance, acknowledging many a young Sailor.

His stock in trade that morning can be described as corpsman candor, helping to address the uncomfortable subject of suicide awareness in his role as a [Navy] Applied Suicide Intervention Skills Training petty officer.

For O'Bryant, a Louisville, Kentucky native, it all starts with open communication.

Most Sailors know his voice, which routinely resonates with others in an exchange of dialogue throughout the day. But that's just a minor part of the communication process.

"Listen, listen, listen. Observe and listen some more," stressed O'Bryant. "Sailors will tell you if they're not doing okay. We just need to listen. Developing that buy in, making sure people know they are a part of the team, is huge. We're not a conglomerate of people who simply work together. The bonds we forge go up and down the chain of command."

The Suicide Prevention Program Annual Training at NHB, led by Chief Yeoman Andrew Turner, is a requirement which prioritizes incorporating violence prevention strategies to establish a culture of safety and prevent suicide in Navy communities.

Turner spoke directly to those in attendance. His talk was not just data points and compiled statistics. He shared a heartfelt – and impactful - personal experience about another staff member at an earlier overseas command who took their own life with a firearm.

Audience members were asked who owns a firearm. For every hand raised, Turner, O'Bryant and HM1 Lee Halls handed out a gunlock.

“A shout out to Chief Turner. His training was the most engaging and informative suicide prevention general military training I have attended in my Navy career. He was excellent,” stated Lt. Cmdr. Sakshi Sharma, Mental Health department psychologist.

“Death by firearm is the largest category of suicides. Therefore, educating and encouraging weapon safety with Sailors who have access to lethal means is critical,” O’Bryant said, who also added that peer-to-peer communication plays a vital role in helping someone deal with a stressful situation.

“We can never forget what makes our Navy so special. Our people,” remarked O’Bryant.

“If we don’t know what makes our peers and Sailor’s tick, how can we ever know the clock is broken?” continued O’Bryant. “For leaders, intrusive leadership isn’t knowing everything, but it is knowing enough to know when something is off. If I know enough to ask the pointed questions, I cannot fail my fellow Sailor in a critical hour. As far as peers, we see each other constantly on a different basis. Being willing to seek help is a sign of strength. Reporting that someone might need help is also a sign of character.”

“Peer-to-peer involvement is crucial because we are only with our patients for an hour a week or every other week. But their peers - and leaders - are around them the majority of working hours, can detect changes and warning signs early, and get Sailors to help before it’s too late,” added Sharma.

O’Bryant affirms that whether in a group or one-on-one, talking about suicide comes with a number of challenges.

“It’s uncomfortable. It forces people to be direct. Asking someone “Are you thinking of killing yourself?” or “Are you thinking of suicide?” is not an easy ask,” admits O’Bryant. “It takes bravery. But if it was an easy question, no one would have a problem asking it.”

There are also perceived stigmas to refute.

“Some have a preconceived bias against suicide. We can teach with PowerPoints until we are blue in the face. But until someone like YNC Turner tells an actual story they experienced, [some] Sailors will just gloss over training. It’s about understanding the problem and understanding our Sailors,” said O’Bryant.

Any suicide is one too many. Although it’s a somber topic to address, O’Bryant realizes that there might be that one Sailor who needed to be reached.

“When you see a Sailor comprehend what you’re teaching and they’ve bought in, that’s a aha moment for them. They understand we are here to help. They understand that in all the darkness, there is a light, and furthermore, they now know who they can talk to,” exclaimed O’Bryant, also indicating it’s gratifying when a staff member goes out their way to thank him for the training.

“There is no better feeling. Something you said or did because you actually care about the program sticks with people,” O’Bryant said. “I feel the best when a Sailor stops me in the hallway and says the training gave them the knowledge they needed to help a friend or themselves.”

Unfortunately, there are times when warning signs are not easily visible.

A short video clip shown by Turner during the Suicide Prevention Program Annual Training dramatically made that apparent. Two spectators sitting next to each other are taking in a ball game. One exuberant. The other cheerless. Yet at the next contest, it was the somber fan in his place. The seat next to him was empty.

O’Bryant’s goal is to ensure that never happens.

“The reason I exist as a first class petty officer is to nurture the ones who will one day take my spot,” shared O’Bryant.

The Department of Defense recognizes September as Suicide Prevention and Awareness Month through its campaign, “Joining Your Fight: Connect to Protect.”

For anyone having a mental health crisis, please call 988 for the Military and Veteran Crisis Line, press 1 or text 838255 or chat with a live counselor. For Spanish, press 2. Civilians can also call 988 to reach the National Suicide and Crisis Line.

I Am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 2nd Class Cade Crenshaw

(May 31, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- With May designated by the Department of Defense as Mental Health Awareness Month, there is one definitive aspect which Hospital Corpsman 2nd Class Cade Crenshaw wants everyone to know about mental health.

"Mental health isn't a one size fits all. Just because something works for someone else doesn't mean it will work for you. Don't compare your process with that of someone else. We're all different," said Crenshaw. "Look out for your friends and coworkers. Sometimes a simple conversation can make a big difference for someone going through a tough time.

A behavioral health technician like Crenshaw - assigned to NHB/ NMRTC Bremerton Mental Health department – is a hospital corpsman with specialized training in mental health. They serve as an extension of a licensed mental health provider to ensure service members are able to access care should they need it.

Crenshaw affirms that he and other Navy behavioral health technicians are very versatile in the line of work they do assisting psychologists and psychiatrists performing assessments, handling crisis triages, and facilitating interactive groups. He also does short-term counseling, aids with operational stress control and manages psychological testing.

"We are able to be at military treatment facilities [like Naval Hospital Bremerton], on ships, and even with Marines. We assist psychologists, psychiatrists, and clinical social workers with seeing patients, and are able to conduct therapy sessions, as well as psychoeducational groups," explained Crenshaw, from Gretna, Louisiana and 2019 graduate from Wakulla High School, Crawfordville, Florida, currently enrolled in Purdue University working towards his Bachelor of Science in Psychology in Applied Behavioral Analysis.

"The most challenging part of my position is not being able to do more," noted Crenshaw, leading petty officer for Mental Health department and the Substance Abuse Rehabilitation Program.

His chosen career choice can at times be demanding. Yet he continues to increase his behavioral health tech skill set as he finishes his psychology degree. "My goal is to become a psychologist in the Navy," said Crenshaw, who is an integral part of NMRTC Bremerton's Mental Health department.

They offer a wide array of outpatient behavioral health services such as individual psychotherapy, operational and readiness-related psychological evaluations, and Personnel Reliability Program personnel evaluations to Sailors, Marines and Coast Guard across nearly 300 tenet commands in the Pacific Northwest and as far afield as Naval Air Station Lemoore.

In 2023 Crenshaw and other behavioral health technicians managed a high level of clinical involvement, including providing 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care. Yet those numbers only tell the statistical side.

"The most gratifying aspect of my position is being able to see the service members I work with improve in ways they didn't think they would be able to," Crenshaw said, sharing a few tips how someone can increase their awareness regarding mental health.

“Always check your local area to see what is available to you, such as Fleet and Family Support Center [1-866-854-0638, www.navylifepnw.com/] and Military OneSource [1-800-342-9648, outside the continental U.S.: 800-342-9647 or 703-253-7599 or at www.militaryonesource.mil/]. They are fantastic resources and have great availability. Chaplain services [360-396-6005/duty chaplain: 360-434-4576] are also a great resource [in this area] to reach out to. They can recommend some other avenues maybe someone hasn’t thought of before,” advocated Crenshaw.

Crenshaw and the other behavioral health techs realize that there are unseen barriers in place for some to even consider seeking mental health. Part of their responsibilities has been to help refute any hesitation so someone in need can seek appropriate resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

“The best way, in my opinion, to destigmatize mental health is to talk about it,” stated Crenshaw. “It shouldn’t be treated as a taboo subject and kept to whispers and close door conversations. I don’t mean share your personal stuff with random people but normalize talking about asking for help when you need it, and that its okay to need help. We’re humans, not robots. Sometimes we need a little extra support.”

The Substance Abuse Rehabilitation Program is another example of available extra support. SARP saw over 4,500 patients last year alone. They engaged in clinical logistics support with receipt and review of 307 Drug and Alcohol Program Advisor packages on behalf of service members from commands throughout the Pacific Northwest region, scheduled 318 screening appointments for those engaged with their command DAPA as self-referrals or command referrals, and coordinated appropriate level of care needs for 318 patients within the clinic or by way of clinical placement through case management.

Sailors and Marines are able to come to NHB’s Mental Health clinic for appointments or for groups. One readily available resource at NMRTC Bremerton is ‘Mental Health Office Hours,’ for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

Crenshaw has been a part of Navy Medicine since 2020 after being initially interested in joining while in high school when he did Navy Junior Reserve Officers Training Corps.

“I was always interested in doing something to help others. Medicine just happened to be what I became passionate about,” said Crenshaw.

Navy Medicine has taken him to the Caribbean and being stationed at NMRTC Guantanamo Bay, Cuba before his current duty in the Pacific Northwest at NMRTC Bremerton

When asked to sum up is Navy career to date, Crenshaw replied, “The best part of my career so far has been being able to meet and work with some amazing people and form really close bonds with them.”

The 988 Suicide and Crisis Lifeline provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or https://988lifeline.org

I am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 3rd Class Gunnar Haskill

(May 20, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 3rd Class Gunnar Haskill was asked to sum up his Navy Medicine career in one word, he replied, “Fulfilling.”

Haskill is a behavioral health technician assigned to NMRTC Bremerton. He assists psychologists and psychiatrists by performing assessments, handling crisis triages, and facilitating interactive groups. He also provides short-term counseling, helps with operational stress control and does psychological testing.

“Here at the Mental Health Clinic, we do everything from seeing patients to front desk work. There is always something to do,” said Haskill, from Visalia, California. The Redwood High School 2017 graduate with a College of the Sequoias associate of arts degree from 2019 is also on track to receive a bachelor’s degree in business management from Grand Canyon University in September.

Haskill and other BHTs provide vital medical specialty care, as well as help others to understand the importance of mental health.

“I want everyone to know that here at Mental Health Clinic we are here for them,” Haskill said. “It is not shameful to seek out mental health. It is the bravest thing to do in our eyes.”

Just for the last year, Haskill and other behavioral health technicians handled a high level of clinical involvement, including providing 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care.

“I think the department here as a whole has been great at helping remove barriers of mental health by simply raising awareness and giving useful tools they could use,” said Haskill.

The BHTs in Mental Health’s Substance Abuse Rehabilitation Program also engaged in clinical logistics support, with receipt and review of 307 Drug and Alcohol Program Advisor packages on behalf of service members from commands throughout the Pacific Northwest region, scheduling 318 screening appointments for those engaged with their command DAPA as self-referrals or command referrals, and coordinating appropriate level of care needs for 318 patients within the clinic or by way of clinical placement through case management.

“Behavioral health technicians are needed because there has been an increase in uniform members seeking out mental health,” said Haskill. “It is something that we are very happy about as people are finally breaking the stigma of mental health.”

Military leaders acknowledge that the aforementioned stigma is still in place for some to even consider seeking mental health. Haskill helps refute that notion by affirming that anyone can seek resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

One such readily available resource at NMRTC Bremerton is ‘Mental Health Office Hours,’ for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

“The hardest thing is taking that first step,” noted Haskill, who took his own initial stride in 2019 to join the Navy.

“My Navy Medicine career began when I found out what a hospital corpsman was. I was working as an emergency medical technician in college and heard about the versatility of a corpsman and was sold. I was interested in Navy Medicine mainly to help those who needed help,” related Haskill, readily acknowledging that service before self is a familial trait.

“I am from a family of service. My father was a cop and special agent for the Department of Justice. My mother was a trauma and burn nurse. Seeing how they have helped people made me want to join. Both my brother and I joined the service out of junior college. He was in the U.S. Coast Guard and did the law enforcement side while I joined to get on the medical side. We also have a younger sister who just completed her first year of law school at University of San Diego. I also have a wife who is my biggest supporter in everything I do,” stated Haskill.

In his relatively short tenure, Navy Medicine has taken Haskill to a number of locales within the U.S. and to the far side of the Pacific on Guam, Japan and transiting the South China Sea.

“Corpsmen are very versatile. Knowing how to treat someone physically and mentally is very important. It allows us to assess someone as whole instead of just an injury,” reflected Haskill, adding that the best part of his career to date has been deploying onboard USS Carl Vinson (CVN 70) from August 2021 to February 2022. “I met a lot of lifelong friends and got to be a corpsman on both sides, responding to emergencies and doing mental health.”

There have been trials along the way, but they’ve been mitigated with heartwarming instances.

“The most challenging aspect of my position is knowing how you are going to approach a patient. Knowing how to

ask the questions needed and getting in the flow makes it a lot easier. It just takes time and practice," explained Haskill. "The most gratifying aspect of being a behavioral health technician is seeing someone get better. Seeing people when they are the lowest of lows is never fun. But seeing them progressively get better makes this job well worth it."

"It takes a lot to be a behavioral health technician but is well worth it. Being a corpsman with these skills are great," added Haskill.

I Am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 2nd Class Kevin Jiang

(May 20, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- There's a sensible standard that Hospital Corpsman 2nd Class Kevin Jiang wants everyone to know when it comes to mental health.

"You don't have to wait until you have a problem to seek mental health," said Jiang, a behavioral health technician assigned to Navy Medicine Readiness Training Command Bremerton.

With May designated as Mental Health Awareness Month by the Department of Defense, the role of BHTs like Jiang are crucial in helping to increase understanding of the importance of mental health and awareness.

"A Navy behavioral health technician is a specialty within the corpsman rating that focuses on mental health and wellness of service members," explained Jiang, a Los Angeles, California native, Temple City High School 2016 graduate and Grand Canyon University 2022 alumni.
"Technicians are supervised under psychologists, psychiatrists and other mental health professionals to provide the best level of care for service members."

There was a high level of clinical involvement from Jiang and other behavioral health technicians, characterized by their engagement in 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care.

"A Navy behavioral health technician is responsible for triage assessments, safety assessments, treatment planning, short term individual therapy, cofacilitation of group therapy and crisis intervention," Jiang said. "BHTS are vital

in providing quality mental health care to service members to improve effectiveness and individual quality of life."

Military leaders have acknowledged that there's [still] barriers in place for some to even consider seeking mental health. Jiang and his department help clear such hurdles for anyone seeking resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

One such readily available resource is the Mental Health department's 'Mental Health Office Hours,' for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

"I think the Mental Health [Office] Hours are phenomenal in taking those first steps. It's a safe space where you can talk and decide with the provider your next steps," recommended Jiang, noting that as a whole, the mental health department does an excellent job in reaching people who want to engage in its services.

"Treatment is [usually] self-initiated," added Jiang. "Service members usually come to the clinic front desk to be scheduled or they can talk to a provider or independent duty corpsman in putting in a referral."
BHTs also take their specialty training on the road, supporting Navy fleet needs by deploying on surface ships as well as assisting several commands with Special Psychiatric Response Intervention (SPRINT) missions to provide short-term mental health support after traumatic events to lessen long-term psychiatric dysfunction and promote maximum psychological readiness.

"Being a corpsman with a BHT rating allows me to be more thorough in providing medical care," Jiang said. "I am a better listener and a better communicator. It is not only about service members being physically healthy but also psychologically resilient."

The Mental Health department mirrors the Defense Health Agency in encouraging resiliency by including a few daily routines which anyone can implement to help increase coping skills such as exercise, balanced nutrition, quality sleep, relaxation/meditation, goal setting and establishing social support connections. Jiang also advocates including a few easy steps which anyone can apply in the help of others.

"One of the biggest tips I can give is to follow up with others. Regular check ins with individuals to see how they are doing and to offer support goes a long way," said Jiang, also stressing for others to prioritize self-care, "and do things that bring you joy!"

Jiang has been in Navy Medicine for five years and serves as his clinic referral manager. It was after completing his second year at University of California Riverside when he decided to enlist as a Navy hospital corpsman.

"I was finishing up my bachelor's degree in psychology and wanted to do something new. My friend enlisted as a corpsman after he finished high school. I followed his footsteps. I always envisioned myself working in the medical field," related Jiang. "Through the Navy, I have developed discipline, resilience and a sense of identity. I have also gained experience in collaborating with diverse individuals, which has improved my communication and problem-solving skills."

There have been intangible rewards from his efforts helping others in need.
"The most gratifying aspect of my position is witnessing the progress and growth of patients throughout their treatment journey," Jiang said.

Although NMRTC Bremerton is Jiang's only duty station, he did augment a Defense POW/MIA Accounting Agency deployment to Vietnam for a remains recovery mission at the end of 2023.

"I provided medical support to my team and local Vietnamese workers," shared Jiang. "I was glad I had the opportunity to work with my independent duty corpsman to provide medical support."

Yet despite his affinity with is current position, Jiang has always harbored dreams to be a physical therapist.

Which means he'll be able to treat body, as well as mind.

When asked to sum up his experience with Navy Medicine in one sentence, Jiang replied, "My experience has been rewarding, shaping me to be skilled and resilient."

When Stars Align at NMRTC Bremerton

(May 24, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When command approval was timely needed for a Sailor, Senior Chief Hospital Corpsman Eric Morgan went and got it.

Even it took traveling a long distance to get the signature.

Such a scenario – and others similar - help exemplify Morgan's commitment to his Sailors. That dedication did not go unnoticed, either by his Sailors or the powers that be.

When Navy enlisted advancement results for pay grades E8 and E9 were announced May 22, 2024, it was readily apparent to Navy Medicine Readiness Training Command Bremerton staff members that quality took precedence over quantity.

Two new master chief hospital corpsmen–Morgan and Walter Sladek II - and one new senior chief hospital corpsman – Michael Devito - were announced at the military treatment facility.

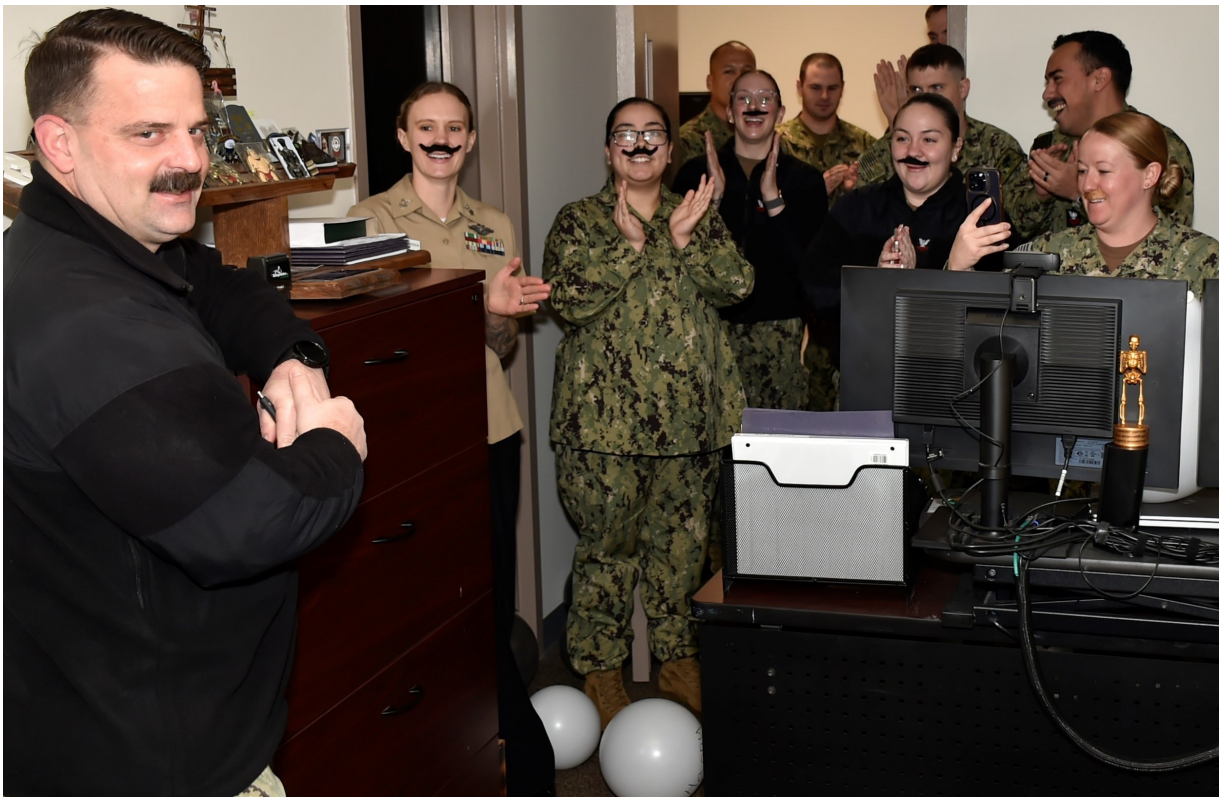
"Those of you who know these Sailors are aware of the quality of their character, strong work ethic, and their dedication in caring for Sailors at the deckplate. They represent the absolute best of Navy Medicine's senior enlisted leadership. Bravo Zulu," said Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer and Naval Hospital Bremerton director.

Morgan and Sladek will be promoted into their next rank connected to a billet when they accept their next assignment. Devito selection as meritoriously screened reorders his seniority into the top ten percent range of all those selected for senior chief.

"That's a very big deal," stated Fitzpatrick.

Echoes of applause and shouts of acknowledgement filled the command suite hallway.

"We knew the results were coming out with long odds on being selected. It was a surprise. A really nice sur-



prise," exclaimed America Morgan, command ombudsman and medical record technician.

For Eric Morgan, a Otsego, Michigan native, his tenure as NMRTC Bremerton's interim command master chief has provided not only a foundation of senior enlisted advisor insight, but it's now anticipated – and expected - that the interim will be officially removed upon reaching his new command.

After enlisting in May 1999, Morgan has been assigned to Surveillance and Target Acquisition platoon, Weapons Company, 3rd Battalion 3rd Marine in Kaneohe Bay, Hawaii and two years later transferred to Heavy Combined Arms Assault Team platoon, completing a four-year tour there with unit deployment programs to Okinawa, Japan, Operation Crocodile in Australia, and Joint Task Force 510 in Zamboanga, Philippines during which he earned his Fleet Marine Force Warfare qualification. He then transferred to Branch Medical Clinic Naval Air Station North Island and deployed on hospital ship USNS Mercy (T-AH 19) in support of Operation Unified Assistance for the Indonesian Tsunami Relief effort.

In 2006, Morgan attended the Naval School of Health Sciences, San Diego for Advanced X-Ray School which lead to being assigned to Robert E. Bush Naval Hospital Twentynine Palms. It was then back across the Pacific. He reported to Branch Health Annex Camp Fuji, Japan in 2010. In Spring of 2011 he led Camp Fuji Marine in providing critical support during Operation Tomodachi. He served as the senior medical department representative at Sendai Airport, handling sick-call and preventive medicine needs. He also conducted clean-up efforts, personnel recovery, and food, fuel, and water supply delivery to over 30,000 displaced Japanese citizens. After Operation Tomodachi, he took an Individual Augmented deployment to Bahrain in support of Operation Enduring Freedom from August 2011 to March 2012.

His next two years were spent down range in Afghanistan, primarily in volatile Helmand Province before transferring to the 1st Marine Logistics Group where he was selected to chief petty officer in 2015. After that it was to Naval Medical Center San Diego which included back on USNS Mercy for Pacific Partnership 2018. His next assignment was USS Nimitz (CVN 68) before arriving at his current duty station.

When Sladek was informed of his selection to master chief, he immediately shared the news with Ada, his wife of 22 years. "Who is a former Sailor and hospital corpsman," mentioned Sladek, acknowledging that his rank is both a privilege and a responsibility.

"It means reaching the pinnacle and highest enlisted paygrade attainable and being able to continue to help guide the next generation of leaders in our field. It requires selflessness, as it is not just about personal achievement but about making a positive impact on the mission and others," stated Sladek.

His promotion also adds to a familial legacy of service.

"As a third generational U.S Navy Sailor, I am able to serve with my youngest brother who was just promoted to chief hospital corpsman this last summer," Sladek said, noting that he will continue to add to his Navy career of 25 years. "This will extend my career and allow me to continue doing what I love which is helping others and building and guiding the future of the Navy and of Navy Medicine."

Added Sladek, “There’s three principles that has helped me through my career; Be present, take care of your people and control what you own.” Devito was on leave when he was told the news of being selected.

“Received a nice phone call from my commanding officer while on leave. It has been an interesting couple of years, and I am truly humbled and grateful to have been able to work for an amazing group of Sailors. Thank you to my mentors and the [Chiefs] Mess for continually challenging me to be better,” shared Devito, readily identifying Sara Kircher-Devito, “none of this would be possible without you and the boys support and patience.”

SECNAV visits Branch Health Clinic Everett David R. Ray Clinic
(Feb. 14, 2024) A Surprise SECNAV Snapshot… Secretary of the Navy Carlos Del Toro met with hospital corpsman assigned to Navy Medicine Readiness Training Unit Everett David R. Ray Clinic while visiting Naval Station Everett Feb. 14, 2024. The clinic tour provided Secretary Del Toro the opportunity to meet and greet several of the approximately 80 staff members comprised of Navy Dental Corps, Hospital Corps, Medical Corps, Medical Service Corps, Nurse Corps and Civilian Corps personnel (Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer).

April 1, 1945 Remember—Battle for Okinawa A Lasting Memory

(April 1, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer—What began as the largest amphibious operation during WWII in terms of troops, tonnage and firepower on April 1, 1945, ended as the bloodiest struggle in the Pacific campaign.

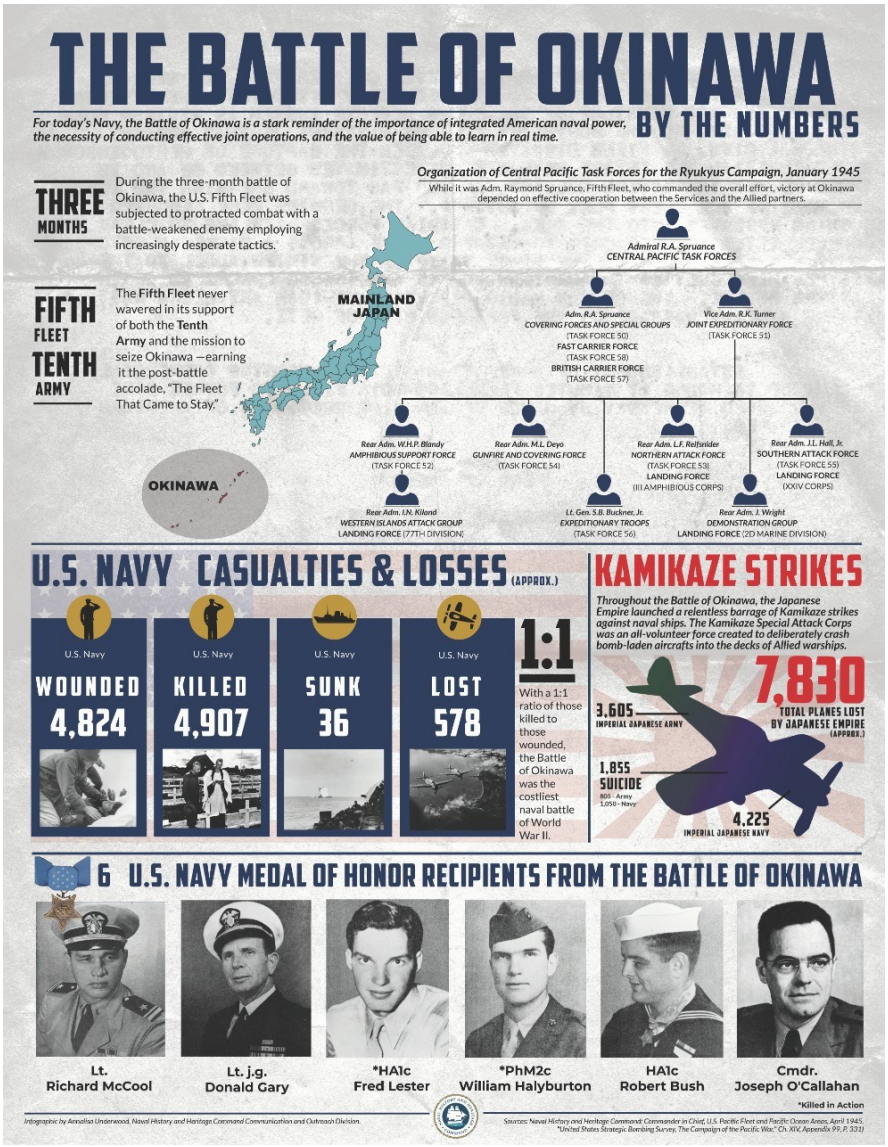
The Battle of Okinawa lasted 82 harrowing days and is considered one of the most merciless of the war with American casualties reaching a staggering 49,151, of which 12,520 were killed or missing.

New York Times front page coverage on June 21, 1945, claimed the battle the "costliest fighting of the Pacific."

The compiled casualty totals are a somber reflection of that banner headline. The Marines suffered 2,938 killed in action/missing and 13,708 wounded, the Army lost 4,675 killed and 18,059 injured and the Navy had 4,907 killed and 4,824 wounded.

The Imperial Japanese Thirty-Second Army was decimated, with between 100,000 and 115,000 losing their lives.

Between the two fierce antagonists, the entire island became a battlefield. There was no safe refuge, no-man's land, or sanctuary.


THE BATTLE OF OKINAWA
BY THE NUMBERS
For today's Navy, the Battle of Okinawa is a stark reminder of the importance of integrated American naval power, the necessity of conducting effective joint operations, and the value of being able to learn in real time.
THREE MONTHS
During the three-month battle of Okinawa, the U.S. Fifth Fleet was subjected to protracted combat with a battle-weakened enemy employing increasingly desperate tactics.
FIFTH FLEET
TENTH ARMY
The Fifth Fleet never wavered in its support of both the Tenth Army and the mission to seize Okinawa —earning it the post-battle accolade, "The Fleet That Came to Stay."
MAINLAND JAPAN
OKINAWA
Organization of Central Pacific Task Forces for the Ryukyus Campaign, January 1945
While it was Adm. Raymond Spruance, Fifth Fleet, who commanded the overall effort, victory at Okinawa depended on effective cooperation between the Services and the Allied partners.
Admiral R.A. Spruance
CENTRAL PACIFIC TASK FORCES
Adm. R.A. Spruance
COVERING FORCES AND SPECIAL GROUPS
(TASK FORCE 50)
FAST CARRIER FORCE
(TASK FORCE 58)
BRITISH CARRIER FORCE
(TASK FORCE 57)
Vice Adm. R.K. Turner
JOINT EXPEDITIONARY FORCE
(TASK FORCE 51)
Rear Adm. W.H.P. Blandy
AMPHIBIOUS SUPPORT FORCE
(TASK FORCE 52)
Rear Adm. M.L. Deyo
GUNFIRE AND COVERING FORCE
(TASK FORCE 54)
Rear Adm. L.F. Reifsnider
NORTHERN ATTACK FORCE
(TASK FORCE 53)
LANDING FORCE
(III AMPHIBIOUS CORPS)
Rear Adm. J.L. Hall, Jr.
SOUTHERN ATTACK FORCE
(TASK FORCE 55)
LANDING FORCE
(XXIV CORPS)
Rear Adm. I.N. Kiland
WESTERN ISLANDS ATTACK GROUP
LANDING FORCE (77TH DIVISION)
Lt. Gen. S.B. Buckner, Jr.
EXPEDITIONARY TROOPS
(TASK FORCE 56)
Rear Adm. J. Wright
DEMONSTRATION GROUP
LANDING FORCE (2D MARINE DIVISION)
U.S. NAVY CASUALTIES & LOSSES (APPROX.)
U.S. Navy
WOUNDED
4,824
U.S. Navy
KILLED
4,907
U.S. Navy
SUNK
36
U.S. Navy
LOST
578
1:1
With a 1:1 ratio of those killed to those wounded, the Battle of Okinawa was the costliest naval battle of World War II.
KAMIKAZE STRIKES
Throughout the Battle of Okinawa, the Japanese Empire launched a relentless barrage of Kamikaze strikes against naval ships. The Kamikaze Special Attack Corps was an all-volunteer force created to deliberately crash bomb-laden aircrafts into the decks of Allied warships.
7,830
TOTAL PLANES LOST BY JAPANESE EMPIRE (APPROX.)
3,605
IMPERIAL JAPANESE ARMY
1,855
SUICIDE
800 - Army
1,050 - Navy
4,225
IMPERIAL JAPANESE NAVY
6 U.S. NAVY MEDAL OF HONOR RECIPIENTS FROM THE BATTLE OF OKINAWA
Lt.
Richard McCool
Lt. j.g.
Donald Gary
*HA1c
Fred Lester
*PhM2c
William Halyburton
HA1c
Robert Bush
Cmdr.
Joseph O'Callahan
*Killed in Action
Infographic by Annalisa Underwood, Naval History and Heritage Command Communication and Outreach Division.
Sources: Naval History and Heritage Command; Commander in Chief, U.S. Pacific Fleet and Pacific Ocean Areas, April 1945.
"United States Strategic Bombing Survey, The Campaign of the Pacific War," Ch. XIV, Appendix 99, P. 331)

"According to most of the Okinawan folks I know, there were three sides to the Battle of Okinawa: The U.S. military, the forces of Imperial Japan, and the Okinawan people caught in the crossfire. The prevailing themes among all sides in terms of remembrance are courage, sacrifice, and profound loss," said Brian Davis, Naval Supply Systems Command Fleet Logistics Center Puget Sound public affairs officer, who on active duty was assigned to several commands on Okinawa as a hospital corpsman and upon retirement after 20 years worked at U.S. Naval Hospital Okinawa as civil service and public affairs officer.

Davis noted that even 79 years after that fateful struggle, there are many hallowed commemorations on the island.

"Memories are everywhere. There are a number of Marine Corps camps – Kinser, Foster, Courtney, Hansen, Gonsalves—that were named for Marines in memory of their sacrifice and heroism during the battle," explained Davis. "Camp Lester, the site

of the original U.S. Naval Hospital, was named for Fred Faulkner Lester, a corpsman assigned to a rifle platoon who was posthumously awarded the Medal of Honor for his actions during the battle."

The objective was to secure the island, thus removing the last barrier standing between U.S. forces and Imperial Japan. The premise was straightforward. Securing the island, only 400 miles from Japan, would establish a looming forward base for the pending assault to invade the Japanese mainland.

Similar to the recent horrific struggle for Iwo Jima, the limestone and coral features on Okinawa were festooned with deeply dug in caves, tunnels and hidden gun emplacements. Massive naval and air bombardment across the entire landscape didn't dent the fortified bunkers – and deeply dug in - defenders as hoped. For their part, the Imperial Japanese Army allowed the Americans to land relatively unopposed, waiting until they entered carefully created killing zones.

Davis attests those months of bombing – followed by fierce combat - reduced the island's cities, farms, and villages to smoking rubble.

"It is rare to find any homes or buildings that predate the war in areas where the fighting occurred," Davis remarked.

Although figures vary, it is estimated that between 110,000 and 150,000 Okinawan civilians - many conscripted as defenders with others designated for manual labor or providing food to the Imperial Japanese troops - were also killed.

"The Okinawans have built a number of memorials to their war dead. Every single one is a moving, somber experience. Their stories, photos, and memorabilia are the most haunting," David said, adding that long after the warfare, that nightmarish still endures.

"It continues to resonate through the fabric of the island and its people nearly eighty years after the guns went silent. You can still see the effects in daily life, manifesting in both physical and intangible ways. There are neighborhoods where you can still walk past concrete walls pock marked by machine gun bullets. The battle and its aftermath are even reflected in such mundane places as the local cuisine. After the battle, U.S. troops introduced things like C-rations, peanut butter, and canned meat to a starving population, who then learned ways to incorporate these strange foodstuffs into their traditional recipes. Versions of Okinawan sato andagi donuts and chinsuko shortbread cookies incorporating peanut butter are commonplace today," related Davis.

Davis related a chance meeting he had with an elderly resident on Kouri island – off Okinawa's northwest coast - who told him about his experiences as a young man during the battle.

According to the old man, Japanese soldiers arrived in his village early one morning and rounded up all the farmers and fishermen. They drove off to a nearby beach, disembarked, and handed each man a bamboo pole with a knife lashed on the end of it. With the invasion force offshore and stretching to the horizon, the senior Imperial Japanese soldier ordered the men to hide and wait for the U.S. troops to land. When the Americans came ashore the men were supposed to jump out and try to stick their makeshift spear into at least one enemy soldier before getting shot. Then the soldiers drove off, leaving this group of farmers and fisherman on the beach. Once the soldiers were out of sight, the men looked at each other, shrugged, tossed away their weapons, and walked home to their families.

Yet such a quirk of fate was not common at that time nor that place. The fighting was brutal. At times hand-to-

hand. Mortar and machinegun gave way to bayonet and sword. The bloody struggle swayed back and forth.

In the midst of that fray were 24 service members who received the Medal of Honor. Thirteen went to Navy corpsmen with their Marines, nine to soldiers, and one to a Navy officer. Along with Lester, previously mentioned, another notable recipient was Hospital Apprentice 1st Class Robert E. Bush, presented the Medal of Honor "for conspicuous gallantry and intrepidity at the risk of his own life above and beyond the call of duty while serving as medical corpsman with a rifle company in action against enemy Japanese on Okinawa Jima, Ryukyu Islands on 2 May 1945.

Fearlessly braving the fury of artillery, mortar, and machine-gun fire from strongly entrenched hostile positions, Bush constantly and unhesitatingly moved from one casualty to another to attend the wounded falling under the enemy's murderous barrages.

As the attack passed over a ridge top, he was advancing to administer blood plasma to a Marine officer lying wounded on the skyline when the Japanese launched a savage counterattack. In this perilously exposed position, he resolutely maintained the flow of lifegiving plasma.

With the bottle held high in one hand, he drew his pistol with the other hand and fired into the enemy's ranks until his ammunition was expended.

Quickly seizing a discarded carbine, he trained his fire on the Japanese charging pointblank over the hill, accounting for six of the enemy despite his own serious wounds and the loss of one eye suffered during his desperate battle in defense of the helpless man.

With the hostile force finally routed, he calmly disregarded his own critical condition to complete his mission, valiantly refusing medical treatment for himself until his officer patient had been evacuated and collapsing only after attempting to walk to the battle aid station."

Bush was all of 18-years old at that time and was the youngest corpsman – born in Tacoma, Washington - to receive the nation's highest military decoration. He passed away November 8, 2005.

For more Navy Medicine coverage: https://www.navy.mil/Press-Office/News-Stories/Article/3302899/the-hospital-corpsmen-of-iwo-jima-stories-of-valor-and-sacrifice/

Amtracks from U.S. task force coming ashore on Okinawa, Ryukyus Islands, 1 April 1945., from Navy History and Heritage Command archives

The Day After, March 20, 1969

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — On the morning of March 20, in the year 1969, Hospital Corpsman Tommy Vickers, stationed in Quang Nam Province, Vietnam, was looking for his friend and fellow corpsman after Viet Cong had run over their positions at An Hoa.

Vickers and others were had toiled through the previous long day and longer night and were still at it that day helping to treat and care for mass casualties.

As choppers landed – ferrying supplies in, taking wounded out – Vickers could not locate his friend.

He began asking Marines from the outfit his pal was assigned if they knew where he might be.

“Everyone said he had been hit, but no one knew how badly. Then this one kid told me what happened. I couldn’t work. All I could do was sit and stare,” Vickers penned in a letter back to the parents of his friend.

Gone was Hospital Corpsman 2nd Class David R. Ray, killed in action on that fateful day, March 19, 1969.

Vickers wrote, “They - the Viet Cong - ran over An Hoa. This is the story I got from a Marine that Ray patched up, ‘They started when one got through the wire and pulled a satchel charge under a hutch. When it went off everyone ran outside. They started mowing them down as they ran out. Bob got hit but was still treating wounded when he was hit the second time.’

‘The Marine said Bob knew his job and was doing it. He said that the enemy was all over them, plus rockets and mortars as thick as flies.’”

Their unit, while defending their fire base at Liberty Bridge, Phu Loc 6, near An Hoa Combat Base, came under

intense hostile fire during the early morning hours by an estimated battalion-sized (approx. 1,000) enemy force. The initial burst of enemy fire caused numerous casualties among the Marines.

Ray, Vickers and the others were tasked to protect Liberty Bridge, a strategic supply artery across the Thu Bon River connecting An Hoa to Da Nang. The bridge was a high value target for the Viet Cong and destroyed then rebuilt throughout the war. It was attacked again on that morning.

Undaunted by the intense hostile fire, Ray moved from emplacement to emplacement, rendering emergency medical treatment to the wounded.

Although seriously wounded while administering first aid to a Marine casualty, he refused medical aid and continued his lifesaving efforts. Ray was forced to battle two enemy soldiers who attacked his position, killing one and wounding the other.

Even though he was rapidly losing strength because of his severe wounds, Ray still managed to move through the hail of enemy fire to other casualties.

Once again, he came under intense fire and despite grave personal danger and insurmountable odds, succeeded in treating wounded Marines and holding off the enemy until he ran out of ammunition, at which time he sustained fatal wounds.

His final act of heroism was to protect the Marine he was treating. He threw himself upon the wounded patient, thus saving the man's life when an enemy grenade exploded nearby. In addition to Ray, ten Marines died in the battle.

His body was returned to the United States and was buried in Mountain View Cemetery McMinnville, Tennessee.

He was awarded the Medal of Honor posthumously.

Ray was born February 14, 1945, to David F. and Donnie M. Ray of McMinnville, Tennessee. After high school and three years of college, he voluntarily enlisted in the U.S. Navy on March 28, 1966. His first assignment was aboard Naval Hospital ship USS Haven. From haze gray he went to the green side requesting a tour of duty with the Marines. He joined Battery D, 2nd Battalion, 11th Marine Regiment, 1st Marine Division, in the Republic of Vietnam in May 1968.

The legacy namesake of Navy Medicine Readiness Training Unit Everett…Gone But Never Forgotten.

I am Navy Medicine, - Radiologic Technologist—HM1 (FMF/SW) Gregory DeShields, Jr.

(Nov. 9, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – For those who might have wondered how vital radiologic technologists are to patient care and healthcare safety, Hospital Corpsman 1st Class Gregory DeShields Jr. has a ready reply.

"Very important. We are the first line of defense for physicians, nurses, patients, and health care providers. The images that we produce can be the difference between identifying a correct pathology or a misdiagnosis. We must demonstrate patience, knowledge of our jobs and a high degree of attention-to-detail," explained Deshields, currently assigned to Naval Hospital Bremerton Radiology Department.

"Patients are our passion, safety is our priority" is the theme for National Radiologic Technologist Week being held November 11-15, 2023, and echoes the sentiment of Deshields for his chosen career path.

"Radiology is a field that I am passionate about. The diversity and tremendous amount of opportunity the field provides are two factors that attracted me the most," explained Deshields, from Woodbridge, Virginia and a Gar-Field Senior High School 2004 alumnus as well as a Purdue University Global 2021 graduate with a Bachelor of Science in Nutrition. "Also, to be very honest as well, having this skillset pays very well on the outside, especially if you transcend to a modality such as CT [computed tomography], MRI [magnetic resonance imaging] and intravenous radiology. The field of radiology offers a variety of opportunities."

Deshields, with his nearly 14 years of Navy service, and the rest of NHB's Radiology Department staff provide medical imaging services using such modalities as computed tomography, diagnostic radiography, mammography/breast imaging, magnetic resonance imaging, nuclear medicine, radiation health and ultrasound.

They support the majority of the hospital, specifically the Urgent Care Center, Main Operating Rooms, Orthopedics, and branch health clinics located on Naval Base Kitsap Bangor and Puget Sound Naval Shipyard.

The workload for Radiology Department can be measured by compiled statistics from the previous year.

There were 19,130 total diagnostic exams conducted in 2022, which included [all number approximate] 9,800 x-rays, 1,015 diagnostic CT exams, 115 cone beam CT scans, 1,640 mammograms, 1,450 MRI, 1,812 ultrasounds, 908 x-rays for Navy Medicine Readiness Training Unit Bangor, 1,250 x-rays for NMRTC Bremerton Puget Sound Naval Shipyard detachment x-rays and another 1,140 x-rays were handled at NMRTU Everett x-rays.

Yet perhaps the most challenging aspect for DeShields and other radiologic technologists is simply staying up to date on the ever changing complexities and advances in their chosen field.

"Having to consistently stay on track with the information [can be difficult]. Not only is the information diverse and intricate, but we have to be privy to all of the advances in technology, in addition to staying homed in our craft," said DeShields, also noting that there is a sense of achievement in handling all the responsibilities associated with his position.

"Despite challenges we may face, we know that we contribute to our patient's health, wellness and well-being. That is gratifying to me. In addition, I feel accomplished as a radiologic technologist because this field reminds me of the hard work, dedication and desire it took to develop the craft. To be successful in this field, you must work hard and have humility," stated DeShields, adding that there aren't really any normal, typical work shifts.

“In this field, there is not an average day,” continued DeShields. “The days are unknown and fluctuate, especially with patient volume. If I’m not performing my duties as a rad tech, I’m doing my best to contribute to the command as positively as I can.”

DeShields has a host of collateral duties that he somehow manages to squeeze in, such as command Sexual Assault Prevention and Response lead victim advocate, Navy ShipShape program facilitator, and Coalition of Sailors Against Destructive Decisions mentor.

He is also willing to find the time to share with other Sailors because he ardently believes they should consider becoming a radiologic technologist.

“This field not only offers an abundance of opportunity and growth, but once a corpsman is out of the military, they have a proven skillset that they are able to sustain their lifestyle plus more. In addition, the income is lucrative and worth the investment,” said DeShields, who has already provided guidance to more than a few Sailors in helping them succeed.

It’s the time spent in being a mentor and leader for other Sailors which has been a highlight of his time in the Navy.

“The best part of my career has been witnessing former Sailors under my charges prospering in the military and as civilians. I’ve enjoyed the opportunity to provide mentorship as well as the amount of networking I’ve been able to accomplish as well,” said DeShields.

DeShields interest in a career with Navy Medicine initially began in 2008 after conversing with a Navy recruiter in Atlanta.

“Between attending college and pursuing aspirations to be a musician was not panning out. I wanted better for myself,” related DeShields, from the metro D.C. area with a passion for music which led him in Atlanta, and a few other locales.

“The opportunity was there for travel, expand my network and enhance my knowledge within the medical field. Prior to the military, I worked a variety of jobs, moved a lot and had to always adapt to new situations. I was that person who was never afraid to attempt new things and take calculated risks to better my future.”

Navy Medicine has taken DeShields to a scattering of duty stations stateside in Maryland, Virginia, California, Texas, Hawaii, and Washington, as well as overseas on Diego Garcia (British Indian Ocean Territory) and deployments to Jordan, Djibouti, Hong Kong, United Arab Emirates and Japan.

When asked to sum up his experience with Navy Medicine, DeShields replied, “expect the unexpected and prepare today as best you can for tomorrow is unknown.”

I Am Navy Medicine and Radiologic Technologist HM1 (SW/FMF) Challis Miles

(Nov. 11, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Ever since he was eight years old, Hospital Corpsman 1st Class Challis Miles knew he was destined to be part of the nation’s military.

“When September 11 happened it pretty much cemented my decision to join. I went to the recruiting office after high school graduation and signed up as a corpsman,” said Miles. “I had done my homework. I made sure the recruiters gave me Field Medical Service School in my contract, now referred to as Field Medical Training Battalion, so that I could go with the Marines.”

The Taylorsville, Utah native and Taylorsville High School 2007 graduate has also added specialty training as a radiologic technologist. He has traveled the globe providing crucial diagnostic imaging and therapeutic support to assist physicians in determining suspected illnesses or conditions.

In conjunction with National Radiologic Technologist Week November 5-11, 2023, and the theme “patients are our passion, safety is our priority,” Miles shared personal insight on his 16-year Navy career and specific ‘rad tech’ specialty training.

“I was interested in x-ray school when I was a junior Sailor because I had worked with a hospital corpsman third class at the Naval Academy and he told me about how much he liked his job and how good the pay was on the civilian side,” said Miles, currently assigned as leading petty officer of Naval Hospital Bremerton Radiology Department.

NHB’s Radiology Department provides medical imaging services using such modalities as computed tomography, diagnostic radiography/fluoroscopic imaging, mammography/breast imaging, magnetic resonance imaging, nuclear medicine, radiation health and ultrasound.

The department supports to the majority of the hospital, including the Urgent Care Center, Main Operating Rooms, Orthopedics, and branch health clinics located on Naval Base Kitsap Bangor and Puget Sound Naval Shipyard.

“Medical Imaging is incredibly important. We have a direct impact on patient care as we are the ones who most often interact with our patients during the examinations,” Miles stated.

The total volume for 2022 by Radiology Department helps to illustrate by sheer numbers the amount of service they provide. There were 19,130 total diagnostic exams conducted just last year alone, which included [all number approximate] 9,800 x-rays, 1,015 diagnostic CT exams, 115 cone beam CT scans, 1,640 mammograms, 1,450 MRI, 1,812 ultrasounds, 908 x-rays for Navy Medicine Readiness Training Unit Bangor, 1,250 x-rays for NMRTC Bremerton Puget Sound Naval Shipyard detachment x-rays and another 1,140 x-rays were handled at NMRTU Everett x-rays.

“We are also entrusted by our radiologists and radiation health officers to ensure we are using radiation responsibly,” continued Miles. “There are a lot of bones in the human body. Each one has a minimum of two x-rays needed. We have to know everything about how to position our patients because getting something wrong during the exam can make a sick person look healthy or a healthy person look sick.”

Miles’ tenure in the Navy has taken him far afield and across the open seas from his original roots. He’s been to 40 states, journeyed to Iraq, Afghanistan, Kuwait, Kyrgyzstan, Germany, France, Crete and Rhodes in Greece, Jordan, Oman, Estonia, the Netherlands, Norway and Iceland. Yet the best part of his Navy journey to date is centered on his time as a mentor for young Sailors in preparing them for their fleet assignments.

“I have been an instructor for rad techs and it’s always rewarding when a prior student reaches out to tell me they got their civilian licensing done. It makes me proud to have contributed to their career future and makes me think back to the instructors who taught me. It’s kind of a living legacy,” shared Miles, who strong advocates for other Sailors to consider his chosen specialty as a career choice.

“Being a radiologic technologist is a really rewarding career. If you like thinking on your feet, puzzles or solving problems, it’s probably something you would enjoy. Being a rad tech provides an excellent career opportunity for when you retire or separate. It gives you a foot in the door to work in other higher paying modalities such as computerized tomography, magnetic resonance imaging, mammography and ultrasound.”

When asked to sum up his experience in Navy Medicine in one sentence, Miles replied, “I would quote the stoic philosopher Seneca, “We should give as we would receive; cheerfully, quickly, and without hesitation.””

I am Navy Medicine—Chief Hospital Corpsman Cristi Bussard—of NMRTC Bremerton

(Sept. 9, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Cristi A. H. Bussard had waited.

All through her time – and travels – from the Far East, Arabian Gulf, both coasts of Africa, the Mediterranean, Pacific Partnerships and Southern Partnership as an independent duty corpsman.

Yet her approximately 21 years on active duty were drawing to a close. She was already preparing for retirement.

Those plans are now officially postponed.

"I had waited many years to hear my name on the list but had begun to prepare for retirement. It was a very surreal moment when the group came to my office to tell me the news. I was truly overwhelmed and speechless from the news," said Bussard, born in Martin, South Dakota and raised in Corvallis, Montana with her parents and four sisters.

"After the executive officer, command master chief, director of administration and all the Chief's Mess came to notify me," continued Bussard. "The first person I called was my husband, Torpedoman's Mate 1st Class Brandon Bussard [also selected for chief petty officer] and then my long standing mentor, retired Master Chief Hospital Corpsman Jeffery Dell.

For Bussard, her selection is a culmination of her years in the Navy after graduating in 2001 from Hamilton High School, located in Montana's Bitterroot Valley.

"Becoming a chief petty officer means an extended reach of impact to further lead and mentor Sailors. It is important to always work on spreading our knowledge and lessons learned to better prepare those to come after us," noted Bussard, adding that there is also a sense of gratification on making the grade.

"After being told by so many that it would not happen, or I couldn't do it, it is great to work to prove them wrong," Bussard stated.

Her career in the Navy began during her final year of high school. Navy Medicine looked intriguing because of her love of science and the prospect to be able to care for those in need.

"My interest in medicine stemmed from volunteer work I did while visiting retirement and long-term care facilities in my hometown. It was further spurred when I became an emergency medical technician at my first command in Atsugi, Japan providing base ambulance services," Bussard said.

It was during her tour of duty after Branch Health Clinic Atsugi when assigned to guided missile destroyer USS Preble (DDG 88) she decided to become an Independent Duty Corpsman.

After being stationed at the Marine Corps Recruit Depot, San Diego, she attended Surface Independent Duty Corpsman in 2008 and graduated the next year. That time was pivotal for her personally as well as professionally.

"I met my husband who was at that time stationed aboard the [attack submarine Los Angeles-class] USS San Francisco [SSN 711]," she said.

As a surface independent duty corpsman, she was then assigned to the pre-commissioning crew of the amphibious transport dock ship USS San Diego (LPD 22), while also deploying aboard USS New Orleans (LPD 18).

Co-locating in 2013 with her husband to the Bremerton area had her stationed at Puget Sound Naval Shipyard, followed by the nuclear aircraft carrier USS Nimitz (CVN 68) before her current duty at NHB.

Her work in the Urgent Care Clinic wasn't so much put on hold as it was put on the road as an Individual Augmentee – and senior medical department representative - during a recent deployment on the expeditionary fast-transport USNS Trenton (T-EPF 5) as part of U.S. Sixth Fleet conducting operations in U.S. Naval Forces Africa area of operations.

Her IDC skills were put to the test when a Military Sealift Command civil service mariner sustained an injury which required immediate medical attention. Her expert handiwork caring for the injured crewmember prompted an appreciative correspondence note from the injured crewmember's wife, a retired Navy captain, to command leadership.

Bussard has been assigned to Family Medicine Clinic since her return and is about to become the resident focal point in helping to provide health care to all patients. There's a reason the phrase, 'go ask the chief,' has been bandied about throughout the fleet since 1893.

"I will do my best to always live by the Navy Core Values and continue to improve myself by continuing to develop those around me to empower us as a team," stated Bussard.

When asked to sum up her experience in Navy Medicine, Bussard replied, "Navy Medicine continues to strive for excellence in providing care by training, teamwork and prevention."

I Am Navy Medicine – and Chief Hospital Corpsman Weldekiros Aregawi – of NMRTC Bremerton

(Sept. 23, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Weldekiros Aregawi has reached a point during his Navy career where the notion of service before self is even more pronounced than it was before.

Such reasoning is born from a Navy Medicine career of 19 and a half years which has always been predicated on helping deliver healthcare to those in need.

"At this stage of my career, I'm not here for myself. I'm here to help junior Sailors and the operational mission," said Aregawi, who professes he specifically joined the Navy to become a hospital corpsman and take care of patients.

Consider that original goal accomplished and then some.

Along with his specialty training as a respiratory therapy technician, Aregawi has branched out to include such collateral duties as being part of the command's financial specialist and command resilience team(s). Yet all of those responsibilities – and more - came to a sudden, unexpected halt the morning of August 21, 2023 upon hearing he was selected to become a chief petty officer.

"I was waiting for seven years to hear my name on the list. It was a surreal experience. I am grateful to be selected," related Aregawi. "The executive officer, command master chief, director of administration and all the Chief's Mess walked into my office to notify me. After waiting for so long arriving this moment is heartwarming experience."

Aregawi readily acknowledges that advancing to the rank of chief brings an entire different level of accountability.

“It is a huge responsibility. Chief in the Navy is a subject matter expert and a humble servant,” stated Aregawi, acknowledging that his life will go through a number of overlapping changes once he becomes a chief. **“**Everything I do affects all the Chief’s Mess,” stated Aregawi, who opening credits two leading chief petty officers, Senior Chiefs Hospital Corpsmen Romualdo Humarang and Alexander Burkhart for helping groom him to follow in their footsteps. “Being a genuine human being, committed to always doing the right thing and be humble are what I strive to do.”

The expectations for Aregawi and three other hospital corpsman first class petty officers assigned to NHB/NMRTC Bremerton loom large. There’s a reason why a common phrase heard throughout the Navy Fleet I, ‘go ask the chief.’ Chiefs are subject matter experts, chiefs have operational readiness experience and chiefs are demonstratively the personification of Navy core values of ‘honor, courage and commitment.’

“It is going to be challenging. I will continue to read and learn from everyone I work with and work for,” said Aregawi, born in Ethiopia before moving to St. Paul, Minnesota in Dec 2002. He is married “married to my beautiful wife Asteddar and we have two children, Adonay and Tsiyon. He joined the Navy in April 2004.

After joining the Navy in 2004, his duty stations include Camp Pendleton, Fleet Surgical Team One, Naval Medical Center San Diego, and NMRTC Bremerton with deployments in 2005 to Iraq and 2011 and 2017 to Afghanistan and two in the Indo-Pacific theater of operation.

The best part of his career leading up to this point?

“Meeting people from different corners of the world, trying local cuisines and visiting many tourist attraction sights,” he said, listing a who’s who of notable global travel destinations he has visited all as part of Navy Medicine; Guam; Sydney, Perth and Darwin, Australia; Dubai in the United Arab Emirates; Bahrain, Jordan, Thailand, Singapore; Santiago, Chile; Lima, Peru and Rio de Janeiro, Brazil.

When asked to sum up his experience with Navy Medicine in one sentence, Aregawi replied, “working together, we are one team.”

I Am Navy Medicine – and Chief Hospital Corpsman Joseph Paul Domingo Nededog - of NMRTC Bremerton

(Sept. 29, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Truth to tell, Joseph Paul Domingo Nededog had begun a quirky routine over the last few years specifically related to the annual notice on those selected to advance as a U.S. Navy chief petty officer.

He figured taking a few days off to be with family would provide at least some measurable distance between himself and the expected release date of the official announcement. If he wasn’t chosen, being with family was ideal therapy to get over the letdown.

This year, his time at home got interrupted.

In the best way imaginable.

“I couldn’t believe it, it felt surreal. After

many tries, year after year, my mind was more focused on 'what's next' after the military. I didn't drop my pack, but I strongly felt I was seeing the end of my ruck march. Hearing I was selected in front of my family, especially my wife Sabrina, are feelings I will never forget. I wasn't sure if I was happy, excited, sad, or just hungry…But I definitely felt relieved, and so did my family," said Nededog, who was born in Honolulu and raised in Hawaii, Guam, Virginia, and Florida.

Although from a family with strong U.S. military heritage and a lineage of veterans, Nededog initially had no interest, or intention, of joining the military.

Then came September 11, 2001.

"I was a sophomore in high school, at football practice when it all happened. My father was at the Pentagon during the attacks. We didn't hear from him nor his whereabouts for a couple days. Seeing our country come together afterwards and more of my peers graduating to serve had a huge impact on the trajectory of the next 19 years of my life immediately post high school," explained Nededog, who attended Woodbridge Senior High School, Virginia, 2000 to 2002 and graduated from Pearl City High School, Hawaii in 2004.

After receiving the news on being selected for the rank of Navy chief petty officer, he immediately informed his mother and father.

"I called my parents first because they have supported me since day one. The feelings I could hear in my mother and father's voice over the phone set me on another type of feeling I haven't shared before…It was a great feeling," Nededog said.

Well before his selection moment happened, his choice of becoming a hospital corpsman - the Navy's largest and most decorated rating – almost didn't happen.

"Initially, I had every intention of becoming a United States Marine. I wanted to be a machine gunner and was on the 'delayed entry' program for the USMC. Last minute at the Military Entrance Processing Station, I decided to join the Navy as a hospital corpsman once I discovered I could still serve with the USMC and obtain experiences more applicable to other professions outside of the military," said Nededog.

After finishing Hospital Corps school in late 2004 and Field Medical Training Battalion (Field Medical Service School), Camp Lejeune, North Carolina in 2005, he was attached to 1st Battalion, 3rd Marine Division, Marine Corps Base Kaneohe Bay, Hawaii, "The day after graduating from FMTB," remembered Nededog, serving in Bravo [boats) and Weapons company.

Subsequent duty assignments – including two deployments downrange to Afghanistan and once into Iraq - followed at Quantico, Virginia as field leading petty officer at the John Bradley Branch Clinic serving the Officer Candidate School; Medical Education and Training Campus, Fort Sam Houston, Texas for Biomedical Equipment Technician training; U.S. Naval Hospital Yokosuka, Japan; amphibious assault ship USS Wasp, (LHD-1); Naval Medical Center Portsmouth, Virginia; Naval Hospital Jacksonville, Florida; back to Kaneohe Bay, Hawaii but this time with 3rd Dental Battalion, 21st Dental Company before his current assignment at NHB.

As gratifying as it is to advance to the rank of chief, Nededog insists it will still be business as usual.
"Becoming a U.S. Navy chief petty officer means many things to me. I owe this promotion to many and it's time to pay up. Every rank promotion is a result of hard work, commitment, dedication, loyalty, sacrifice, and passion for the job. The journey in becoming a better version of myself is ongoing," remarked Nededog, noting that there is a challenge which comes with being selected.

"Since hearing the news, I daily revisit that moment I found out," Nededog said. "Being at the top of my game is imperative day in and day out. Learning doesn't end."

"I am ready for this. Within the past decade, I've had some great mentors and leaders who have been preparing me for this," he continued. "There are many I am still thanking; God, family, family friends, friends, junior Sailors, peers, leaders, and the Chief's Mess."

With approximately 19 years – and counting - of military experience serving in Navy Medicine, Nededog contends those accumulated years have prepared him to live up to the well-worn phrase heard throughout the fleet, "go ask the chief."

"Either I know the answer, or I don't. If I don't, I'm sure my brothers and sisters will, or we will find an answer quick. There is nothing we cannot accomplish together. Best believe I will be learning more," said Nededog, adding that the best part about his career is seeing Sailors become better and accomplish what they set out to do.

"Especially those that I've helped," he noted. "And knowing I would give my life for them in battle, and they wouldn't hesitate to do the same."

When asked to sum up his experience with Navy Medicine in one sentence, Nededog replied, "Thank you, Navy Medicine, for the continued experiences of love, support, challenges, heritage, and inclusion."

I Am Navy Medicine – and Chief Hospital Corpsman Don P. Wilwayco – of NMRTC Bremerton

(Sept. 29, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

For Chief Hospital Corpsman Don P. Wilwayco, receiving the news he had been chosen proved to be a flabbergasted moment.

Which he immediately shared with his wife.

"I immediately called my wife Sooyun," related Wilwayco. "It felt so surreal that she had to remind me of what I said to her in our phone conversation, because I really could not believe the news that I got selected."

There were personal emotions and professional sentiments to sift through as his selection became a reality.

"I had flashbacks of the people, moments, and experiences that got me here. I did not accomplish this alone. I thank God, family, Sailors, mentors, as well as those who believed in me during those times that I don't even believe myself. I did not get here alone. I have multiple mentors and leaders who have positively influenced my life and I want to be that person to the Sailors that I lead," said Wilwayco.

Wilwayco began his career in Navy Medicine approximately 11 and a half years ago. He's originally from Manila, Philippines, graduated from University of Santo Tomas Manila [high school] in 2007, but calls San Diego, California home.

His journey started March 28, 2012, after deciding to become a hospital corpsman. He attended the Navy's Hospital Corpsman "A" School at Navy Medicine Training Support Center, Joint Base San Antonio – Fort Sam Houston and pursued the Navy enlisted classification of becoming a surgical technologist.

Wilwayco considers his interest in becoming part of Navy Medicine an extension of his upbringing as well as a practical decision.

"I was already in my third year of college in the Philippines pursuing Nutrition and Dietetics when I immigrated to the United States in October of 2010," Wilwayco noted. "Since I did not finish my college degree – although he is working on his Bachelor's Degree in Organizational Leadership from National University - it was very difficult to find a job in the medical field. The best way to show gratitude to the country who accepted me was to join the military and serve."

It is very common in Filipino families to aspire that their child become a nurse," continued Wilwayco. "I initially wanted to be a Marine, but USMC recruiters told me that they do not have occupations specifically geared towards

medicine. However, they mentioned that the Navy works hand-in-hand with the Marine Corps, so I decided to join as hospital corpsman."

True to that initial description of the support which hospital corpsman provide as a ready medical force to help ensure the Marines are a medically ready force, Wilwayco has achieved enlisted Fleet Marine Force warfare qualifications based upon successfully attaining challenging physical fitness, medical care knowledge and treatment skill when assigned under the command of 3rd Marine Logistics Group, Camp Foster, Okinawa, Japan. That time also further whet his appreciation for the responsibilities of being a Navy chief.

"When I was stationed in 3rd Medical Battalion, being the S-3 Operations Future Operations chief was one of the most rewarding positions that I was able to do. I really enjoyed planning and coordinating the efforts to ensure that Marines have the capabilities and medical assets they need for deployment," said Wilwayco adding that his time at NMRTC Bremerton has had him fill leading petty officer roles in Directorate for Surgical Services and Directorate for Administration.

"Surgical Services was the dream position for a surgical technologist like me," Wilwayco said. "I really liked seeing the growth of Sailors professionally as they perfect their craft in delivering surgical and specialty services to our beneficiaries in the Pacific Northwest."

Those days of being the LPO are gone for Wilwayco and the three others. They will also experience a name change like no other. Hence forth he will forever be referred to as, 'chief.' With that new forename comes much heightened expectations, both internally as well as externally.
"A Chief to me is someone who advocates for his Sailors. A chief is the person that they can lean on, will listen to their concerns and rely on to accomplish the mission. It's about helping Sailors to reach their full potential both personally and professionally," related Wilwayco, acknowledging that being selected was the easy part.

The hard part follows. One he has fully embraced.

"The main challenge of being selected is the weight of the anchors. There is so much to learn as well as various behaviors and habits that either need to be changed or refined. Because at the end of the day, Sailors will be depending on me to guide them with their decisions," explained Wilwayco.

When asked to sum up his experience with Navy Medicine, Wilwayco replied, "I thank everyone for helping me grow as a person, as a leader, and help develop my craft and skill sets to help other people succeed. The best part of my career are seeing others succeed and also knowing that we are making an positive impact in each other's lives."

I Am Navy Medicine – Hospital Corpsman 2nd Class Ashley E. Painter, NHB Lab Tech

(Sept. 20, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The majority of patients who come to Naval Hospital Bremerton for their healthcare needs never meet Hospital Corpsman 2nd Class Ashley E. Painter.

Yet she gets to know quite a few of them.

The LaPorte, Colorado native is a Navy medical laboratory technician. She capably handles – all done behind the scenes - her primary duties of providing accurate and expedited lab results for active duty, retiree and family member eligible beneficiaries in the Pacific Northwest region.

"Doctors would not be able to accurately identify what ailments the patients have without the exact answers the laboratory provides," said Painter, who has been in her chosen field for six and a half year. "The lab tests we perform here do everything from confirming no genetic abnormities of unborn babies to cancer. Without our knowledge and expertise, they would just be guessing."

There are approximately 440 laboratory studies done daily at NHB. Last year alone, the core lab conducted such 435,750 tests for such needs as hematology, urinalysis, coagulation, blood bank, point of care testing, microbiology and/or cytology/histology.

Painter attests that it can definitely be challenging at times in her duties.

“One of the most difficult parts about being a lab tech is the gravity of the tests we are performing,” Painter explained. “To us we don’t just receive samples. We see every sample as a patient, and we treat it with the upmost care.”

Along with ensuring timely turn around on all results of tests submitted to the laboratory, Painter’s responsibility also include maintenance, quality control and accounting of over $2.1 million of equipment, reagents and supplies.

She has worked two specialty assignments in blood bank and microbiology as an advanced laboratory technician, held multiple work center supervisor positions and subject matter expert lead technician positions across her several duty stations. Her varied - and daily - lab duties are all predicated in helping provide healthcare to those in need.

“Knowing that we are helping people get the answers and the care that they need is gratifying,” noted Painter. “When I worked in the blood bank, we were issuing units to newborn and premature babies and were literally saving their lives. There’s nothing more gratifying than that.”

It took her a little time to find her niche after graduating from Poudre High School in 2015. After two years at Colorado State University, Painter was driven to serve her country and help care for patients.

“I grew up in a small town and didn’t have much going on. When I turned 20, I knew I wanted to do something bigger with my life and decided to join the service and be a part of something much bigger than myself,” Painter said.

Her career has also been personally fulfilling as much as professionally rewarding.

“I met my husband Will who is active duty Army at my first duty station in San Antonio,” said Painter. “We have now been together for six years and have two beautiful boys.”

From her initial appointment at Navy Medicine Training Support Center, Joint Base San Antonio – Fort Sam Houston, Painter has been stationed at Naval Medical Center San Diego and Naval Medical Center Portsmouth before her current assignment at NHB.

She also deployed in 2019 on the hospital ship USNS Comfort (T-AH 20) from Norfolk, Virginia, to 13 countries in South America, Central America and the Caribbean in support of humanitarian assistance and partner-building efforts.

“One of my favorite experiences was getting to deploy on the Continuing Promise mission,” Painter related. “We stopped in 13 different countries and offered medical aid out in towns and would bring people back to the ship to be treated in the intensive care unit and preform surgeries. We were able to touch so many people’s lives. It was a really cool experience.”

Another more recent cool experience was Painter advancing to her current rank as a second class petty officer, with credit going to her strong work ethic and service before self-ethos.

“In my early years in the Navy I took on many collateral duties, offered to go on deployments and have maintained my motivation and drive throughout. Without taking on those extra responsibilities my promotion would not be possible. It is very hard to pick up rank in the corpsman community. It takes being an expert at not just your job but being able to juggle multiple collaterals and extra duties,” explained Painter.

Some of the additional tasks as well as deployment have provided the opportunity to work in a joint service environment with other service branches. That type of setting is commonplace being both an Army and Navy family at home.

“Army-Navy game day is always a tense day in our house,” remarked Painter. “My husband is always a good sport and has supported my Navy career from the beginning.”

“He does however call me a ‘squid,’” she good-naturedly added.

From serving on the Atlantic and Pacific coasts to deployment memories and a loving family, Painter has branched out well beyond her formative years.

“Being able to sacrifice and serve has been such an important part of my life. I wouldn’t trade it for anything. Just being a part of something so much bigger than yourself is really eye opening,” stressed Painter.

When asked to sum up her experience with Navy Medicine in one sentence, Painter replied, “I am proud to serve my country, my community, and my peers.”

I am Navy Medicine—and U.S. Naturalized Citizen—Hospitalman Hannah Acker

(Sept. 1, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer—Although not outwardly apparent, Navy Hospitalman Hannah Acker departed Seattle Seafair Fleet Week 2023 decidedly different than the way she arrived.

Acker, originally from Bad Ord, Germany, a small community of approximately 10,000 residents tucked away about an hour east of Frankfurt, took the oath of allegiance at the annual event to become a U.S. citizen during a Naturalization Ceremony, August 2, 2023.

“I actually started the whole process in July of 2022,” said Acker. “I had my interview end of January of 2023. I had my test the same day. They were going to schedule me for an oath ceremony in Texas. But since I was graduating from the [14 weeks] Hospital Corps ‘A’ school at Navy Medicine Training Support Center, Joint Base San Antonio, it was decided to wait until I had checked into my current command, Navy Medicine Readiness Training Command Bremerton.”

Acker had all her paperwork transferred with her, conferred with Navy Region Legal Service Office Northwest and decided on taking the oath with 20 other members from the Army, Air Force, Navy and Washington National Guard during the Seattle Seafair Fleet Week.

The naturalization ceremony was a combined effort with Navy RLSO NW collaborating with the U.S. Citizenship and Immigration Services Seattle field office.

“Being able to become a U.S. citizen when serving in the U.S. Navy means a lot to me,” explained Acker. “After I decided to do it, becoming a U.S. citizen became part of joining the Navy. As soon as I was in bootcamp, I started the paperwork process.”

Acker attests that the most challenging part for her was not knowing how far along her application was or when she would finally get my citizenship.

“Since I just graduated high school last year the studying wasn’t challenging for me since I already had to take history, said Acker, who attended Miami Valley Career Technology Center in Clayton, Ohio, in 2022. She began learning the English language in the third grade. “The big thing was I had to keep track of all my documents and where I was at in the naturalization process.”

Acker was assigned as a general duty corpsman in the command’s Urgent Care Clinic after arriving five months ago. Along with her clinical duties ranging from taking vital signs to helping triage patients, she continued to prepare for becoming a U.S. citizen.
“Being part of Navy Medicine as a hospital corpsman lets me give back to the country that adopted me,” stated Acker.

“Working in the UCC has been really rewarding in the few months I’ve been here,” Acker added. “The doctors, nurses and other corpsmen share a lot of information and give a lot of guidance. There’s more structure here and getting used to everything has been an ongoing learning experience.”

When asked what’s the best part about her Navy career been so far, Acker replied, “Meeting new people and learning more about the medical field.”

When asked what being a U.S. citizen means, Acker answered, “This will give me more opportunities. Also, it made my mom proud.”

A Star Added at NMRTU Everett

(May 30, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — The uniform that Roland Alferos arrived wearing at Navy Medicine Readiness Training Unit Everett was significantly altered by the time he departed that day.

Alferos was the sole chief petty officer selected to advance to the rank of senior chief hospital corpsman at Navy Medicine Readiness Training Command Bremerton in a frocking ceremony held with family in front of command leadership, co-workers and friends in the David R. Ray Health Center, May 30, 2023.

“I’ve had great leaders, great mentors and great Sailors. I have been very fortunate and wouldn’t be here without them. All the credit goes to them. It is a privilege to be here,” said newly frocked Senior Chief Hospital Corpsman Alferos, with 21 years of naval service which includes assignments on both side of the Pacific from San Diego, California to Okinawa, Japan.

Pinning on Alferos’ new senior chief petty officer insignia – which features a single star above a fouled anchor with USN lettering for the collar device - was his wife, Christine, son Roland Jr., and daughter Athena. After NMRTC Bremerton Command Master Chief Brandon May placed the new khaki combination cap upon Alferos, a round of congratulatory applause filled the clinic’s conference room.

Yet the ceremony wasn’t completed.

In his initial act as Senior Chief Hospital Corpsman Roland Alferos, he called forth Hospital Corpsmen 2nd Class James Cooper and Kevin Juico and presented each of them his chief anchors, indicating his faith in each to ‘anchor up,’ by continuing to be responsible, dependable and put service before self for those in need.

The Navy’s senior chief petty officer rank is equivalent to the Marine Corps’ master sergeant and first sergeant, the Air Force’s senior master sergeant and first sergeant and the Army’s master sergeant and first sergeant.

The new rank also brought a new name change for Alferos. He’s no longer referred to as ‘chief.’ He’ll now be known – to officer, enlisted and civil service alike - as ‘senior chief.’

Or just ‘senior.’

Operation Iraqi Freedom—two decades after—deployed from NHB

(March 17, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — They were there - sweeping forth - at the very beginning.

They were also there during the suturing, surgeries and surges in the battle-scarred years to follow.

At the onset of Operation Iraqi Freedom, March 20, 2003, to the final days of Operation New Dawn in 2011, Naval Hospital Bremerton staff members continually deployed for medical support inside and out of Iraq.

From the Kuwait/Iraq border on up to cities along the Tigris and Euphrates Rivers, from Baghdad's Green Zone to the western desert of Anbar Province, and a host of contested locales in between, NHB doctors, nurses, hospital corpsmen, and support staff were there.

They embedded with various units which included Marines 1st Light Armored Reconnaissance Battalion, 1st Medical Battalion, Special Warfare Group Iraq, 20th Seabee Readiness Group, Civil Affairs, Warrior Transition Team, 1st Marine Expeditionary Forces, 3d Marine Air Wing, 1st Marine Logistic Group and 1st Force Service Support Group, and 28th Combat Support Hospital.

NHB sent nearly 300 staff members to augment Fleet Hospital Eight at U.S. Naval Base Rota Spain in early 2003 to gear up for Operation Iraqi Freedom, and also deployed approximately 200 additional staff members to help run Expeditionary Medical Facility Kuwait that rendered support to the ground mission just north of the Kuwaiti border inside Iraq through 2011.

NHB staff members were directly involved in assisting with caring for the almost 3,500 American troop fatalities and the approximately 32,000 service men and women wounded throughout OIF and OND.

Yet the decade for many NHB staff members, some who did multiple deployments, produced more than simple statistics and accumulated data. The time spent brought many to the forefront of their chosen Navy Medicine profession, in ways that forever remain etched in their professional bearing and personal mindset.

At the Beginning

"I don't recall exactly when I knew that Fleet Hospital Eight would play a major role, but soon after 9/11, we knew something was ramping up," recalled retired Hospital Corpsman Chief Steven C. Jackson, who deployed from March to September 2003 as leading chief petty officer for Fleet Hospital Eight Surgical Services. "We were materially ready thanks to good preparation and training, but we had no idea what to expect or how it would affect our own lives."

NHB received orders February 2003 to allocate, ready and deploy personnel to stand up and support a 116–bed Expeditionary Medical Facility (EMF) to Rota in support of Operations Enduring/Iraqi Freedom (OEF/OIF) and possible future contingencies. NHB's Operational Readiness Department coordinated all logistics to marshal, ready and deploy 274 NHB personnel and others from nine other gaining commands around the country to form Fleet Hospital Eight.

"Our first group set up the EMF on a vacant lot next to the flight line and by mid-deployment we had built the 250 -bed fleet hospital," said retired Hospital Corpsman Senior Chief Timothy D. Stewart, who was assigned to Inpatient Services as the ward leading chief petty officer. "It seems like so long ago, and we probably weren't prepared for what was to be done. My fellow corpsmen erected a quality structure and cared for our wounded warriors to the best of their abilities. It was a pleasure to serve with them as they did all the hard stuff."

Stewart noted that they treated almost 1,700 patients with 78 hospital corpsmen running seven wards and worked port to starboard [12 hours on, 12 hours off] shifts nearly the entire time deployed in 2003. "I was extremely proud of how well my corpsmen completed their duties. We received accolades from the soldiers and Marines we were treating," he said.

Jackson attests to the mettle and resolve of the fleet hospital staff to deal with the influx of incoming injured from the battlefield.

“Seeing some of the ‘miracles’ performed by our surgeons and nurses was truly memorable. They handled facial reconstructions, avulsed limbs, severe eye injuries and more. Watching our junior corpsmen step up to effectively and efficiently handle the support challenge turned them quickly into seasoned professionals,” Jackson said.

At the start and then back again
Senior Chief Hospital Corpsmen Cameron Wink served through two Iraqi War deployments.

As a Fleet Marine Force ‘doc’ he was part of the Marines 1st Light Armored Reconnaissance Battalion which made the initial thrust across the Kuwait-Iraq border March 20, 2003. Their push took them north of Baghdad and included Saddam Hussein’s hometown of Tikrit.

During that time, he dealt with battlefield wounds and injuries, along with rendering first aid to civilians.

“We really saw more Iraqi civilians for medical needs than Marines during that time. There were shrapnel and bullet wounds. But the Iraqis were coming to see us for just about anything because they knew we would treat them,” recalled Wink.

There were no improvised explosive devices which would become a signature weapon of choice against Coalition forces by July. There was unexploded ordnance, anti-personal mines, mortar attacks and small arms injuries. There were also preventive medicine concerns such as infectious diseases like malaria and environmental issues like tainted water.

“We had shrapnel wounds from mortar rounds landing near-by, as well as gunshot wounds. There were also the typical cases of being in the field and dealing with dysentery,” said Wink.

On the Field of Battle
It was at Al Fallujah, in December 2004, when Hospital Corpsman 1st Class Richard Vaughn was dealing with an insurgent prisoner and about to have his immediate world explode.

Assigned to 1st Marine Division, 3rd Battalion, 5th Marine with Kilo Company, 2nd Platoon, 3rd Squadron, Vaughn, then a hospitalman, was involved in Operation Phantom Fury, a two-month battle - considered by many to be the bloodiest of the Iraq War - fought in the ravaged cityscape against a determined enemy.

Vaughn and a Marine from his squad were each escorting an insurgent from a dwelling across a courtyard when a sudden explosion brought a sudden rush of searing shrapnel, concussive noise and hot air filled with swirling debris.

“The whole place just seemed to blow up. I didn’t know what it was and, to this day, still don’t know what caused that blast. A hidden projectile? An improvised explosive device? An RPG?” related said Vaughn, currently a hospital corpsman 1sty class assigned to the Mental Health Department as a Substance Abuse Rehabilitation Program (SARP) counselor. “All I know is that at that time I had a hold of the insurgent in my right hand and was carrying my medical kit and weapon in my left. We were propelled forward. I didn’t let go of either the insurgent or my gear.”

Vaughn’s pressing concern centered on his Marine who sustained a leg injury from the blast which tore into his pants and severely injured the limb. There was also still the responsibility to deliver the insurgents to their desig-

nated staging area.

“We got out of the courtyard, around the corner, and dropped off the prisoners. I then cleaned up the leg injury of my Marine and got him off to a Surgical Shock Trauma Platoon. We weren’t too far from that unit,” Vaughn said.

Vaughn then finally took a moment to examine himself.

“When the explosion went off, it felt like someone had taken a baseball bat to my left shoulder. There was numbness in my arm. I remember I could feel blood seeping down inside my uniform top. My Marines were on the radio all saying, ‘Doc Vaughn has been hit!’ But after I looked at myself, I thought it really wasn’t that bad. It really could have been a lot worse. To this day I have a hard time telling this, but it really was amazing that it wasn’t worse. I chalked it up to prayer that there was no gaping wound. Several weeks after I was asked about the injury and I said it was really nothing,” said Vaughn.

Upon returning to Camp Pendleton from deployment, Vaughn’s chain of command took exception to his own assessment. He was presented with the Purple Heart.

“Everyone was wounded to some degree in Fallujah, physically as well as mentally and emotionally. We lost a lot of Marines, and the wounded were too many to count. I don’t think what I did was anything special. I was just doing what I had to do,” stated Vaughn.

Compiled statistics note that there were 71 U.S. fatalities with the Marines suffering 40 killed in action during that battle.

His time spent in Al Fallujah included Vaughn engaged in running firefights which lasted three to four hours as his Marines were confronted by a host of insurgents operating from rudimentary – but effective – tunnels and underground bunkers.

“We fought those guys. Our Marines were right there in those battles. It was rough. If I focus, I can still remember little details like sounds and smells and sights. When you spend seven months wondering if each new day might be your last, your attention to detail can be amazing,” Vaughn shared, adding that as harrowing as it was, there was a special affinity he felt for those he cared for as their ‘doc.’

Vaughn does get queried at times about his Purple Heart. His response is typically just one word that needs little elaboration.

“I usually just say ‘Fallujah,’ and that seems to be enough,” stated Vaughn. “There were a lot of Purple Hearts where I came from with 3rd Battalion, 5th Marine. Being included with them, I am humbled and honored to wear it.”

Retired Navy Capt. William Coger was also assigned in 2008 at Fallujah as officer in charge of the Shock Trauma Platoon with [Marine] Combat Logistics Battalion 1.

“It was the Anbar [Province] surge period, slightly less kinetic overall compared to earlier years,” related Coger, NHB Urgent Care Clinic physician. “As with most deployments, it was periods of boredom with episodic bursts of activity.”

The most challenging aspect? “Probably adjusting to the summer heat. Temps were in the 120 range,” said Coger, noting it was gratifying to get all his people home safe. He also has memories of those who didn’t make it back.

“They all involve patients that didn’t survive,” mentioned Coger.

Behavioral Health to the Fore

Wink was back in Iraq in 2009 assigned to a Warrior Transition Detail where he worked directly with wounded personnel. He helped assess servicemembers before, during and after their deployment for signs of PTSD (post traumatic stress disorder), traumatic brain injury, concussions and depression.

“So much changed between that first time and when I was back,” recalled Wink, who became a psychiatric technician after the first deployment. “We could treat the physical wounds in 2003 but didn’t pay as much attention back then to their mental trauma as we do now.”

Wink affirmed that those wounded on the field of battle during his time benefited by improvements made within military medicine from the point of injury to triage to surgery.

“If they’re hurt, there’s a 90 percent chance that they are going to survive. These are young, healthy adults,” said Wink, adding that saving lives also came with emotional as well as physical scars to address.

“Maybe they had ambition to go to college and play football. Now they have no legs. It’s hard to be 19 and think you can’t accomplish some of your hopes and dreams you had before you went to war. But because of the medical advances, I’d give up all my arms and legs to come back and see my family again,” shared Wink, who applied his mental health expertise to work hand in hand with other specialties to help facilitate a total treatment regime for servicemembers from the battlefield to the home front.

“Many personnel have co-occurring issues that may not arise until after treatment programs are instituted,” explained Wink. “Identifying the issue is step one. Once they identify these problems, many times after only a few sessions, the treatment team moves into action. The communication and cooperation between the separate departments allows for the individuals to achieve coping skills, life skills and overall better mental health.”

Wink found himself going wherever needed to provide care to Sailors and Marines.

“It was really rewarding and much different than a combat deployment. It was a great experience keeping hearts and minds in the fight,” said Wink, noting that his previous ’03 deployment provided him credibility in relating to others because he knew the reality of what many were going through having already been there, done that.

Towards the End

Retired Master Chief Hospital Corpsman Tom Countryman’s one-year deployment from 2010 through 2011 as command master chief at Expeditionary Medical Facility Kuwait covered a time when the drawdown of troops in Iraq went from 90,000 to 50,000.

The war-time violence had abated, yet still flared.

“It didn’t mean that our workload got any easier and it didn’t mean we stopped doing what needed to be done. We continued to provide urgent and emergent expeditionary medicine and primary care, as well as combat force health sustainment. Those were our main missions,” Countryman explained.

EMF Kuwait served as a Level III hospital with top-notch resources for emergency room needs, surgery requirements, Intensive Care calls, clinical providers on call, and vital laboratory and blood bank concerns.

“One of the goals I reminded our Sailors was to continue to get better than they were when they came here. My primary personal goal was the same as any other CMC that has ever been on deployment, and that was to take care of our troops and get every one of them home safely. That goes double for our patients,” Countryman said.

After the final withdrawal from Iraq ended Operation New Dawn, December 15, 2011, NHB’s support for ongoing contingency operations primarily shifted to Operation Enduring Freedom in Afghanistan.

For over a decade, a steady stream of NHB personnel helped man the NATO Role 3 Multinational Medical Unit at Kandahar Airfield, as well as isolated camps, forward operating bases and counterterrorism operations.

Corpsman Curriculum Day For Cadets

(March 10, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton pubic affairs officer — The daily norm of class, cafeteria and curriculum of approximately 50 students from Peninsula and Gig Harbor high schools was altered, March 10, 2023.

They instead were provided a face-to-face chance to see care, competence and corpsmen in action at Navy Medicine Readiness Training Command Bremerton.

Navy Junior Reserve Officers Training Corps student cadets, led by retired Navy Command Master Chief Robert Stockton, were provided in-depth instruction on Tactical Combat Casualty Care, and operational medicine.

“Giving them this opportunity to visit a Navy Medicine command is the best way to gather information for themselves, see for themselves and ask questions for themselves about potential career fields on interest,” explained Stockton. “There is tremendous value alone to just coming here for most of our students, especially those who have not actually been in such an environment as a Navy command or talked to a Sailor about what they do.”

The visiting students took part in a career fair which showcased Navy hospital corpsman specialty skills and career options such as surgical technician, preventive medicine technician, optician, and more.

Remembering A Navy Legacy during the Tet Offensive

(Jan. 31, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – He wasn't a Navy doc, nor nurse, or hospital corpsman.

Yet on the field of battle, his concern for others saved many a life.

Long before retired Chief Boatswain Mate Jerry Irvine was delivering salty quips when receiving medical care at Naval Hospital Bremerton, the grizzled veteran was providing his own type of health care during a bitterly contested combat campaign.

It was 55 years ago, January 31, 1968, when the Tet Offensive was launched by the North Vietnamese Army as a coordinated invasion of the south.

Irvine was smack in the midst of the offensive which would drag on until September, from major cities to rural hamlets, river valleys to shallow waterways, rutted roadways to pitted tarmac.

He was mentioned prominently in numerous dispatches, such as on February 25, 1968, 'where as a courageous chief petty officer with much combat experience, during the first attack in Tet Mau Than, he advanced under enemy fire, conducted patrol boat river operations, directed precision fire destroying the North Vietnamese regular forces in the south bank of the Perfume River, raised the siege for friendly forces at Con Dau near Hue, effectively providing protection to the vital supply ships going to Hue, which contributed substantially to the reoccupation of the city. Irvine and his PBR team were also responsible for helping to ferry military and civilian casualties out of the immediate lines of fire. For this he was awarded the Gallantry Cross (Vietnam),' read the dispatch.

Boats, as he was affectionately called by all who knew him at NHB, attests that his team was in so many fire fights that they simply became a normal part of the day. They would go back to their floating barge base for 'beans and bullets' and then head back out. There were times on a routine three-day patrol that they would be so fatigued, that they didn't care, they just up and did their jobs.

A few months later on May 30, 1968, a 15-man Marine Corps combined action platoon was in ambush position with popular forces around the hostile village of Thon An Duong. The CAP reported being surrounded by enemy forces and taking personnel casualties from hostile fire.

Six PBRs, led by Irvine and two other chiefs, sped to the rescue. Despite coming under enemy fire, they evacuated all of the Marines and South Vietnamese troops without any further casualties. Because of his expert handling of his units, his courage under fire, and expert direction of his unit's fire within 50 feet of friendly positions, the massacre of the entire CAP unit was prevented.

While serving as a PBR patrol officer and boat captain in the Navy's River Patrol Force, he participated in 215 combat patrols on the island waterways of the Mekong Delta and I Corps. His patrols involved the boarding and searching of indigenous craft, enforcement of the curfew, assisting Popular Force Outposts under enemy attack, aiding friendly forces in search and destroy operations and medical evacuation (MEDEVAC) of numerous wounded personnel.

His patrols also played a vital role in securing a landing zone for MEDEVAC and resupply helicopters in the besieged city of Hue during the 1968 Tet Offensive. His patrols were instrumental in maintaining the flow of supply craft to and from the city of Hue throughout the month of February and greatly enhanced the defeat of the NVA and Viet Cong forces in that city.

On March 27 and 28, Irvine's patrol participated in the destruction of an entire NVA company which had moved

into Toan Tuan Hoa Village on the banks of the Perfume River.

The Bronze Star, with Combat "V" for valor, was awarded to Irvine for meritorious achievement in connection with operations involving conflict with an opposing foreign force while serving in the Republic of Vietnam, from September 20, 1967, to September 18, 1968.

"BMC Jerry Irvine was the epitome of an American hero, amazing chief petty officer and gentle soul. He gave more to this country than anyone I've seen during my time. His commitment to the Marines he saved are noted in his bronze star citation and what he did in combat," said retired Master Chief Hospital Corpsman Tom Countryman.

Irvine ended up doing three tours in Vietnam, serving on nine ships, including being assigned to River Section 523 in the Mekong River Delta, and with River Section 521 near the ancient Vietnam capital of Hue.

By the end of that first day of the Tet Offensive, more Americans were killed in action – 246 – than on any other day during the Vietnam War. For the entire offensive, the NVA and Viet Cong sustained huge casualties with losses were estimated anywhere from 40,000 to 60,000. Civilian losses in the fighting were reported at over 7,700.

Irvine became an unofficial adopted son of NHB, volunteering ample time and effort such as holding classes on what he considered to be the dying art of nautical knot work. When deployment waves of active duty were departing and returning home in support of Operation Enduring Freedom and Operation Iraqi Freedom, he was there. Retirements. Notable Navy anniversaries, he was present, even when it became difficult.

With his health failing, Irvine passed away, March 26, 2017, at age 82.

"We say we stand on the shoulders of American heroes who came before us. I was honored to stand on his shoulders and be in his presence. He was the kind of American hero who only comes along once in a lifetime," Countryman said.

"This country lost a true American hero and patriot. He loved his family, this country, the Navy and his fellow chiefs. He was a great friend and shipmate," added Casey Pruett, NHB Suitability Screening and Exceptional Family Member Program coordinator.

I am Navy Medicine—and a Family Affair—at Naval Hospital Bremerton

(Nov. 16, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Diane Hebert couldn't make it when her son, Hospital Corpsman 3rd Class Joshua Hebert, was being recognized as Navy Medicine Readiness Training Command Bremerton's Junior Sailor of the Quarter.

Not because she was like many parents who are several time zones or states away from their children serving on active duty.

It was due to her own responsibility as an occupational health technician with NMRTC Bremerton Puget Sound Naval Shipyard Detachment.

Rare is family each assigned to the same command.

Rarer still is a mother-and-son connection.

"I think it's awesome that we had this opportunity to be in the same command. Most Navy parents don't get to experience that," exclaimed Diane.

Although it's completely happenstance that both are assigned to the same command, there is a symbiotic foundation based on their collective interest in a Navy Medicine career which led them both in their current respective positions.

"I always had a passion for wanting to help people. Being a Navy corpsman seemed like the best way I could do that," explained Joshua, born in Minot, North Dakota, grew up in Panama City, Florida and is an A. Crawford Mosley High School 2016 graduate. "My Navy career started during my senior year. I decided that I wanted to get out of my hometown and see more of what is out there. "

For Diane, the Lompoc, California native and Cabrillo High School 1984 grad has been in the medical field for 27 years.

"I've worked in the intensive care unit, cardiac intensive care unit, emergency room, cardio vascular surgeon

office and inpatient rehab. I wanted to work for the federal government, so what better way than Navy Medicine," said Diane, who started at her current position, March, 2021. "I've been in the medical field for a very long time. It boils down to I like to help people."

Joshua has been a physical therapy technician for the last three years and is now the leading petty officer for the command's Physical Therapy department.

His previous assignments include working in optometry and as a general duty corpsman helping in the prevention and treatment of injury and disease at the Marine Corps Medical Homeport, Branch Medical Clinic Evans, Okinawa, Japan.

As a PT tech in helping Sailors, Marines, retirees and family members recover from injuries and maintain their physical health and well-being, he helped provide direct support to over 8,950 patients last year in physical therapy, along with approximately 1,885 patients in occupational therapy.

Diane had already been living in the area when Joshua arrived at his new duty station and although technically at the same command, Diane plies her trade on the massive Puget Sound Naval Shipyard, away from the hospital.

As an occupational health tech, Diane works in such areas as counseling shipyard workers on workplace hazards to supporting industrial hygiene efforts - overall to more than 30,000 workers at 126 commands with 480 different shops - to anticipate, recognize, and evaluate occupational stressors in order to advise commands on methods to prevent and reduce workplace injuries and illnesses.

"I was really excited for her and her new job," Joshua said.

The commonality of purpose for the same command lent an added note of fulfillment for both.

"I was excited that we could have this in common and be able to chat about the differences between our facilities and just chat together about work," said Diane.

When co-workers find out that the two are related, all comments express positive feedback at the distinctiveness of having a family in their midst.

"They think it's cool that Josh and I are in the same command," Diane said. "It is kind of unique because it doesn't happen often."

Joshua affirms that he gets the "oh, that must be cool working with your mon!" comments from other staff members and notes that being able to compare work stories with his mom is a plus.

Both attest that the best part of their positions is being able to provide care to those in need.

"Being part of this command means being part of an organization dedicated to helping others," remarked Joshua.

"It's very nice being a part of the clinic at PSNS. It feels like I make a difference every day," noted Diane.

When both were asked to sum up their experience in one sentence, Diane replied, "I feel like I'm playing a role in keeping our civilians and active duty in compliance with their qualification(s) in order to serve our country and Navy."

"My experience has been an eye-opener, full of lessons I will never forget," added Josh.

I am Navy Medicine—HM3 John Ong—Lead hearing Conservation Tech at NHB

(Nov. 1, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Some patients need an ear full about an earful.

Hospital Corpsman 3rd Class John Ong can provide any such helpful cautioning.

As the lead hearing conservation technician and general duty corpsman for Naval Hospital Bremerton Otorhinolaryngology [better known as Ears, Nose and Throat] department, Ong handles everything from administering hearing tests to counseling patients on just what constitutes healthy hearing.

"Hearing is one of the major senses of the body and shouldn't be taken for granted, because once you lose it, it's not coming back. It's true we have devices and apps to assist with hearing loss and tinnitus, but nothing will restore your full sense of hearing. Not being able to hear can affect our ability to perform while on duty," said Ong, a Scripps Ranch High, California 2009 graduate and Olongapo City, Philippines native who calls Japan home.

Ong attests that one of the most frequent disruptors in healthy hearing that he encounters when dealing with patients is risk associated with ear wax, as well as deafening sound.

"Some of the most recurring factors I've seen on a weekly basis are anything from ear canals blocked with ear wax, ear infections, or damage to the ears due to exposure to loud noises. That damage can be from the workspace environments or listening to music at the gym," stated Ong, stressing that the do-it-yourself methods some people use to clean their own ears by using a cotton swab or pen actually has the opposite effect of pushing wax buildup further down in the ear, as well as potentially causing an injury inside the ear canal or to the ear drum.

"We recommend to come see us at ENT for ear-cleaning. We're available Tuesday, Wednesday and Thursday mornings by appointment. By having us professionally do it, that limits someone from unintentionally harming their hearing," added Ong.

Along with following the old adage of not sticking anything in your ear smaller than your elbow, a person's healthy hearing is also predicated on being able to adequately protect it from damaging, earsplitting noise.

“One of the simplest ways to help protect our hearing starts with the correct placement of hearing protection while in hazardous noise workspaces or recreational activities,” Ong said. “If someone is using hearing protection and taking the time for proper earplug insertion or headphone muff placement, they can help reduce hearing loss and tinnitus significantly.”

“Individuals should make certain the hearing protection is correctly worn or inserted so that they are provided with a good seal that muffles all incoming noise,” continued Ong. “Another day to day skill that we can all practice is to use volume discipline while using personal media and entertainment devices, such as earbuds and headphones. Limiting excessive loud noise exposure will prevent permanent hearing damage.”
As one might expect, there are challenges with providing healthy hearing in a military environment.

“The most challenging part of audiology in a military environment is counseling patients on their hearing test results. Explaining to a patient the differences between hearing loss and a change in their hearing can be complex. Some patients come in convinced that their hearing is poor and in reality the results tell a different story. Hearing is a complex process, and the audiogram is only a small piece of the puzzle. I’ve learned that taking the time to answer patient questions and thoroughly explain the test results as well as kinds of hearing protection, in a patient friendly way, is essential in promoting hearing health and sharing skills on how to protect hearing,” explained Ong.

Ong’s Navy Medicine career – seven years and counting - began when he was studying in the Philippines for a business major that simply didn’t suit what he was looking for.

“That same day, my dad sent me a text telling me that the U.S. Navy was in town looking for volunteers. I didn’t even hesitate. I left class to see if I qualified to join. Next thing I knew I was on a plane to Guam where I processed in, and here I am now,” related Ong, with prior assignments such as team lead for the surgical ward at Naval Hospital Pensacola, Florida, and as an En Route Care corpsman with 3D Medical Battalion, Okinawa, Japan.

“The best part about my career has to be overseas duty stations, having the ability to experience another country’s culture and learn from its history definitely adds to the uniqueness of a military career,” Ong said. “My dad was also in the Navy. He was an aviation boatswain’s mate – fuel. I remembered a patch he had on his pack. At the bottom of the unit patch, it stated, “Without us, pilots are just pedestrians.” Nobody’s job is too insignificant that it doesn’t make a difference.”

For Ong, one of the most gratifying factors - whether it’s assisting retirees or active duty members - is seeing patient’s reaction when they regain some semblance of their hearing.

“It might take the help of an audiologist and hearing aids or something as simple as an ear cleaning, but seeing how these services can really help a patient is gratifying,” said Ong.

When asked to sum up his experience with Navy Medicine in one sentence, Ong replied, “We all have a purpose at sea and or on shore, our fight is keep the fleet healthy and ready to fight.”

I am Navy Medicine—Hospital Corpsman 3rd Class Stephen Mathis

(August 10, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Paraphrasing an old saying, a rank amateur will waste time in discussing strategy while the wise specialist concentrates on logistical needs.

Such was the case with Hospital Corpsman 3rd Class Stephen Mathis.

His attention to detail in helping fill a gapped logistics specialist billet - and still handle his regular responsibilities – at Navy Medicine Readiness Training Unit Everett, were brought to the attention of command leadership.

Capt. Patrick Fitzpatrick, Naval Hospital Bremerton director and Navy Medicine Readiness Training Command Bremerton commanding officer, recognized Mathis for his personal initiative and professional reliability.

“I felt great about being acknowledged. I was not expecting to get recognized and it was nice to see that I am appreciated,” said the Wylie, Texas and a Pine Creek High School Class 2014 graduate.

According to Chief Hospital Corpsman Benjamin Chapin, NMRTU Everett senior enlisted leader, Mathis stepped up to fill a vacant logistics specialist position and help ensure the clinic had necessary supplies for providing patient-centered care.

“He placed orders on behalf of the clinic and received pharmacy orders which ensured continuity of care across four departments,” Chapin said, adding that Mathis also conducted timely research on critical care equipment for the clinic’s Dental department. His efforts were highlighted during the recent Joint Commission accreditation survey and proved to be instrumental for changes needed in the standard operating procedure.

For Mathis, who grew up as a military child with an affinity for baseball and hockey, it’s all part of his chosen path as a hospital corpsman.

As his family relocated from one assignment to another, he became intrigued at the idea of a career in Navy Medicine bolstered by the favorable impression of Navy doctor, nurses and hospital corpsmen. He joined the Navy in 2019 and received specialty training to become a dental technician.

“My job supports direct patient care for dental patients and assists with the continuation of care for the rest of the clinic through supply. Getting to help others has been the most gratifying aspect,” explained Mathis, touching upon the proverbial tip-of-the-iceberg of all the responsibilities he has, which also include; assisting health care providers in the prevention and treatment of oral disease and injuries; preparing dental materials and medications; exposing and processing dental X-ray films; rendering emergency dental first aid; instructing patients in oral hygiene; performing dental administrative; maintaining treatment records and reports; and providing ‘chair side’ assists to the dentist when providing direct patient care; and handling supply procedures.

The complexity of carrying out those supply procedures has also proven to be an educational lesson as Mathis continues to grow into his assigned duties and enhance his clinical knowledge.

“The steep learning curve for supply has been the most challenging part, but I am blessed to have a great supply team to support me and always answer any questions I have,” stated Mathis. “I have learned that it’s always best to reach out for help whenever you are unsure of the task you need to do.”

Mathis has also gradually settled into his duty station over 2,100 miles from home in helping provide dental care to the nation’s third largest fleet concentration.

“Being a part of NMRTU Everett means being able to support the [operational] mission of all the ships stationed here,” shared Mathis, also expressing a growing affinity for being surrounded by all that the Puget Sound region and Pacific Northwest has to offer.

“Navy Medicine has brought me to one of the best states ever, Washington,” Mathis exclaimed.

When asked to sum up his experience with Navy Medicine, Mathis replied, “The best part of my career has been meeting all of the different people in the Navy. I feel very blessed to be able to work here with Navy Medicine because of all the fantastic people.”

Corpsman Care during Atlantic Ocean ops on MSC Ship

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — There's a reason why U.S. Navy independent duty corpsmen are found assigned on isolated platforms from the wide expanse of the Indo-Pacific Theater to the far reaches of the Atlantic Ocean.

Their responsibility to the ship – and submarine – crew is to provide and handle any medical support, especially when emergency care at sea is required.

Which is exactly what happened when a Military Sealift Command civil service mariner sustained an injury which required immediate medical attention by Hospital Corpsman 1st Class Cristi A.H. Bussard on the expeditionary fast-transport USNS Trenton (T-EPF 5). The Trenton is currently employed by U.S. Sixth Fleet conducting operations in U.S. Naval Forces Africa area of operations.

Bussard's handiwork caring for the injured crewmember prompted an appreciative correspondence note from his wife, a retired Navy captain, sent to the corpsman's command, Navy Medicine Readiness Training Command Bremerton.

"I am writing this email to send a big Bravo Zulu to Bussard for the outstanding medical care she provided to my husband. He had an accident which resulted in a deep cut on the bridge of his nose and required stitches. Bussard quickly took charge of the situation and did an outstanding job with steady hands. I was so impressed when my husband showed me the stitches and told me how calm and reassuring she was during the procedure. We are so very, very blessed she was there to render medical care. Please relay our deepest thank you. I really thought a physician assistant treated my husband but he told me no it was an HM1. Wow," wrote M. David.

Senior Chief Hospital Corpsman Romualdo Humarang received the email and immediately shared with NMRTC Bremerton leadership.

"Would you expect anything less from a Sailor who hails from Corvallis, in western Montana? I'm very proud as a commanding officer and fellow Montanan. What a great testament to the skills and versatility of a U.S. Navy

independent duty corpsman," exclaimed Capt. Patrick Fitzpatrick, Naval Medicine Readiness Training Command Bremerton commanding officer, Naval Hospital Bremerton director and Missoula, Montana native.

USNS Trenton arrived in Mindelo, Republic of Cabo Verde for a brief stop for logistics during a schedule port visit, July 20, 2022. Cabo Verde, part of a volcanic archipelago approximately 350 miles from the closest northwest African coastal nation of Senegal, is an important partner of the United States in promoting peace and security in Africa. U.S. Naval Forces Africa ships routinely ply the waters as far as the southern Atlantic partnering with host nations to support African-led maritime security initiatives.

As part of the U.S. Navy's Military Sealift Command which is the premier provider of ocean transportation to the Department of Defense, USNS Trenton is one of approximately 125 civilian-crewed ships. MSC handles providing on-time logistics, strategic sealift and specialized missions in contested and uncontested environments. The ships conduct specialized missions, strategically preposition combat cargo at sea across the globe, as well as transport military cargo and supplies used by deployed U.S. forces and coalition partners. The MSC civil service mariners are not active duty service members but are federal civil service employees.

A number of Navy Medicine personnel are readily familiar with probably the most visible – and notable – of the MSC's United States Naval Ships, the two hospital ships, USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20).

Just as a contingent of medical personnel currently deployed on Mercy are providing tailored medical care and other support with host nations as part of Pacific Partnership 2022, the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific region, so is a solitary independent duty corpsman on Trenton offering immediate support when needed.

Operational Readiness Training just a Littoral Away

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — With operational readiness the priority of the Navy surgeon general, it's up to all Navy Medicine Readiness Training Commands to ensure that's a core mission.

NMRTC Bremerton has formed a unique partnership to help ensure there's a ready medical force capable of supporting fleet mission – and medical - readiness.

Under coordination from Cmdr. John M. Miyahara, Pastoral Care department head, NMRTC Bremerton has teamed up with Maritime Expeditionary Security Squadron 11 to temporarily assign hospital corpsmen for operational platform training and familiarization exercises.

Hospital Corpsman 1st Class Don Wilwayco and Hospital Corpsman 2nd Class Jose Deras spent several weeks in May with MSRON 11, which operates ashore, at sea and in harbors, rivers, bays and littorals of Puget Sound. The squadron conducts maritime security operations by providing port and harbor security for the third largest fleet concentration in the U.S.

In his role as NMRTC Bremerton command/clinical chaplain, Miyahara attests that readiness is a crucial issue based upon the principle of syncing body, mind and spirit for good health and wellness, as well as building the necessary toughness to wage and sustain a fight.

"Readiness is about resilience. Readiness is about grit. Being in an operational setting helps our corpsmen get into the rhythm and routine of prioritizing readiness in all they do when on the job," explained Miyahara, citing Adm. Harry B. Harris, former commander of U.S. Pacific Command as an direct influence in understanding the importance of operational readiness.

"We worked under former PACOM Commander Harry Harris and his mantra was, "We are ready to fight tonight." In order to be able to do that, we need to work on ourselves as much as we do our job skills," Miyahara related from his duty assignment with Destroyer Squadron 31 out of Pearl Harbor, Hawaii.

When Miyahara arrived at NMRTC Bremerton, his operational experience and training capability provided a foundation from which to build upon in providing opportunities for Sailors with minimal Navy fleet experience.

“When I got here and took on some training missions I saw we were lacking, especially for new corpsmen, exposure to operational life. I really wanted to find an experience that would help our corpsmen get that sense of operational life,” said Miyahara, who took the initiative and reached out to MSRON 11 leadership requesting to allow corpsmen to join their boat crews for mission mentoring and in turn permit the corpsmen to provide medical training.

“It’s been a win-win for both commands,” stated Miyahara.

For Wilwayco, taking part in small boat ops proved to be a distinctive – yet exhilarating - experience compared to his time earning his Fleet Marine Force designation with 3d Medical Battalion, 3rd Marine Logistics Group, Okinawa, Japan.

“The work environment was obviously very different from being with the Marines. What was similar was the mindset of focusing on the mission,” said Wilmayco, adding that the small boat crews exhibited the same traits as the Marines. “MSRON 11 is a close-knit command. They have great camaraderie, [and] work really well together with a ‘one team, one fight’ mentality.”

The boat crew, consisting of a coxswain, navigator, engineer and at least one other crewman, welcomed the two corpsmen and shared their work environment, demonstrated their varied roles and explained their daily responsibilities.

“We were introduced to weapon handling, logistics, engineering, communications and unit operations. It was all a very valuable experience for us coming from a shore command to undergo what it is like to be on an operational platform,” Wilmayco said.

For their part, Wilmayco and Deras provided instruction on self-aid and buddy-aid.

“We assisted their command training team in developing a Tactical Combat Casualty Care program that is applicable for the kind of injuries and casualties a small boat unit could expect during a mission, such as burns, gunshot wounds and blast injuries. Those are all concerns with Marines, too, but on the small boat there was medical response training for handling a man-overboard or drowning victim. There’s also needing to know how to recognize and deal with the elements from being out on the open water, such as hypothermia, sun and wind burn, and dehydration,”

“We taught the basics such as placing a tourniquet and managing an airwave,” continued Wilmayco. “We went over MARCH [acronym] to prioritize the casualty evaluation steps; massive hemorrhage, airway, respiration, circulation, head injury and/or hypothermia. We also worked with their medical team to conduct training in damage resuscitative interventions and casualty evacuations procedures.”

When underway for two drilling and maneuvering training exercises providing medical support, Wilmayco and Deras also learned first-hand on boat crew operations, along with tactics and techniques which are applied when conducting maritime force protection, infrastructure and high-valued asset defense, coastal surveillance and special missions.

“Being with them was a great experience. I’d definitely do it again. Although we were only there for a few weeks, we were accepted and felt like we contributed to their knowledge to help them manage different injuries they might have during a mission,” Wilmayco said.

According to Miyahara there are several more iterations of the cross-training partnership planned.

“Definitely beneficial for us to be able to have an operational platform experience and be trained on the specifics of an expeditionary warfare capable unit,” commented Wilmayco. “MSRON also benefited by having subject matter experts in such qualifications as TCCC and Basic Life Support training.”

Fallen and Unforgotten 5K

(May 26, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — In honor of the significance of Memorial Day, Navy Medicine Readiness Training Command Bremerton held a "Fallen and Unforgotten 5K," to memorialize those lost, every step along the way, May 26, 2022.

Participants from NMRTC Bremerton as well as USS Theodore Roosevelt (CVN 71) ran, walked and rucked along the winding course organized by NMRTC Bremerton's 124th Hospital Corps Ball Committee.

"It important for us to know Memorial Day weekend is not just about time off. It's to remember all those who didn't make it home," shared Chief Hospital Corpsman Danny Garcia, Navy Medicine Readiness Training Unit Bangor leading chief petty officer and command fitness leader coordinator.

Although hospital corpsmen weren't the only ones legging out the 3.1 mile distance, they were the most, along with master-at-arms and Dental Corps staff being represented.

The Hospital Corps is also the only enlisted corps in the military, as well as the most decorated group of enlisted men and women. Since being established on June 17, 1898, corpsmen have been recognized with 22 Medals of Honor, 178 Navy Crosses, 31 Distinguished Service Medals, and 946 Silver Stars.

There are 20 ships named in their honor. One of the branch health clinics for the NMRTC Bremerton honors one of those Medal of Honor recipients by being named The David R. Ray Health Center, Naval Station Everett.

The recognition under fire has come at a heavy cost with the Hospital Corps ranks suffering since their inception. NMRTC Bremerton remembers. At the command's Hospital Corps Heroes Wall of Honor unveiled in 2015, the engraved names of 57 corpsmen lost during Operation Enduring Freedom and Operation Iraqi Freedom added another.

A solemn ceremony was held to include Hospital Corpsman 3rd Class Maxton Soviak, killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

Soviak and the other 57, along with every other soldier, sailor, airmen and Marine who has fallen, but unforgotten were remembered today. Every Step of the way.

Armed Forces Day: Honors those currently serving in the Armed Forces.

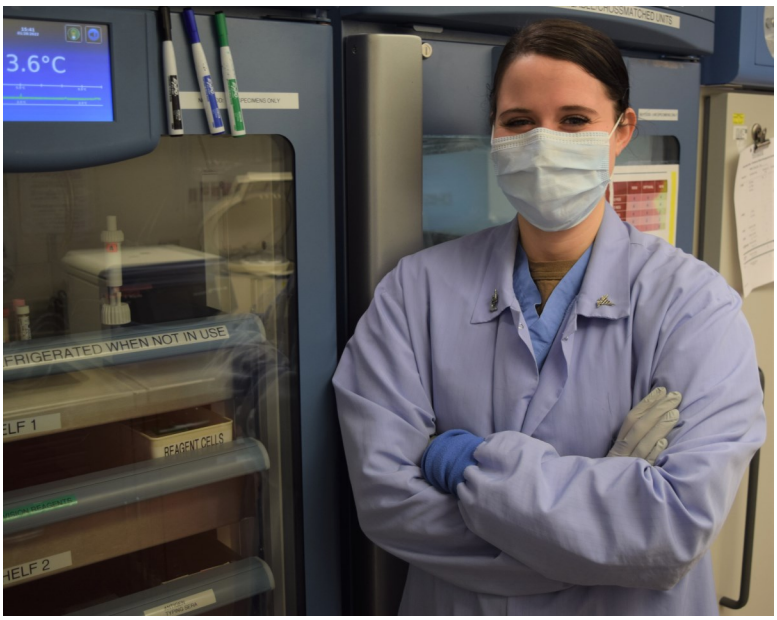
Memorial Day: Honors those who died in service to the nation.

Veterans Day: Honors those living who wore the cloth of the nation serving their country.

If it ain't raining, you ain't training...inclement weather didn't put a damper on NHB's Decontamination Team in successfully conducting—and concluding—with a short pause for a selfie, the crucial DECON certification course, May 5, 2022. The team was collectively and individually tested in being able to receive casualties during a chemical, biological, radiological, nuclear (and) explosive response (CBRNE) incident (official Navy photos by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

I Am Navy Medicine – & Blood Bank subject matter expert – Hospitalman Margaret Strah

(Feb. 3, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – What began as an exploratory impulse has resulted in professional – and personal– growth for a Navy hospital corpsman.



As well as provide critical life-saying support for those in time of need.

Hospitalman Margaret Strah, from Brook Park, Ohio and Midpark High School class of 2012 graduate, is a an American Society for Clinical Pathology certified medical laboratory technician assigned to Navy Medicine Readiness Training Command (NMRTC) Bremerton.

She handles the indispensable duty as resident subject matter expert for the hospital's blood bank which includes working as the blood donor recruiter, along with coordinating support for the Armed Services Blood Program. She also helps conduct hematology, chemistry, urinalysis and microbiology tests, of which last year alone there were 466,349 (tests) done.

Yet five years earlier, being involved in such considerable responsibility was but an abstract notion.

Not anymore.

"My journey with the Navy actually started with a series of why nots. When I was 21 I was working as a front desk clerk at a dental clinic when I received a call from my recruiter. I figured why not go see what they have to say," said Strah, who demonstrated strong aptitude and decided that the hospital corpsman rate was for her. She enlisted the day before her 22nd birthday.

"By the time I hit corps school I felt so patriotic I was eager to try to get orders to go green side [medical support for the Marine Corps] but ultimately I was 'voluntold' for Medical Laboratory Technician School, graduated the program and have been stationed at NMRTC Bremerton ever since," Strah added.

Her decision to enlist to become a corpsman has been a revelation of sorts.

"The more I read about corpsman history and heritage the stronger the urge I felt to be a part of something that is bigger than myself and make a difference. It's funny how some things just work out in the Navy. Though I was voluntold for lab school, the longer I was in in the 13 month training, the more interested I was in what I was learning, and just how important lab techs are in the medical world, especially when COVID-19 hit," said Strah.

Her interest in Navy Medicine is really no accident.

"I've always know that I wanted to be in the medical field growing up because it is the best possible way to help people, I just didn't know how to start," explained Strah. "I joined the Navy because I really didn't know where my life was going. I couldn't afford college so I was working three jobs at once and knew I wanted to be a part of something bigger than myself."

"The Navy has given me so much in terms of a sense of belonging, a purpose, the greatest friends I could have ever hoped to have and introduced me to my husband who also works at NMRTC Bremerton," Strah continued. "My future plans when I end my naval career is to continue in the laboratory field and become a medical labora-

tory scientist."

Before she accomplishes that lofty goal, Strah's focus is centered on supporting the Armed Services blood program, with the vital mission to provide quality blood products for service members, veterans and their families worldwide.

"During war time the highest priority is ensuring our troops overseas have the tools to save the lives of those wounded in combat. That is not the only priority. They provide blood products to hospitals all over the world including ours to help everything from emergency services to moms delivering babies," stated Strah, who has assisted in 12 drives which have resulted in collecting over 180 blood units since March, 2021.

The blood drives are another casualty of the on-going pandemic. With the surge in delta and omicron variant(s) of COVID-19, regular donors have been reluctant and supplies are diminished.

"Since March, 2020, the numbers of donors have declined substantially to the point that earlier this year the American Red Cross declared a national blood crisis. Usually the most needed blood types are O positive and O negative, but all blood types are important. Your donated blood is divided up into four parts: red cells, platelets, plasma, and cryoprecipitate AHF, which helps with clotting. Each part is used for treatments of different diseases," stressed Strah.

Statistical evidence backs Strah. Every two seconds someone in the U.S. is in need of blood and/or blood product like platelets. On a daily basis across the country, approximately 29,000 units of red blood cells are required.

When supplies were needed 'down range' in Afghanistan during Operation Enduring Freedom, up to 1,200 units were being sent on a weekly basis, including 11,000 units of blood in just one week.

"I could go on for hours detailing the science behind blood products and how they help different people but this article would be longer than a dictionary. I just need everyone to understand that just because your blood type isn't rare doesn't mean that is not needed. The greatest way you can serve your country and support your fellow shipmates is by donating blood. You never know who is going to need it next," Strah noted.

Strah says it can be a challenge to convince people to donate. However, once they do, the results speak for themselves.

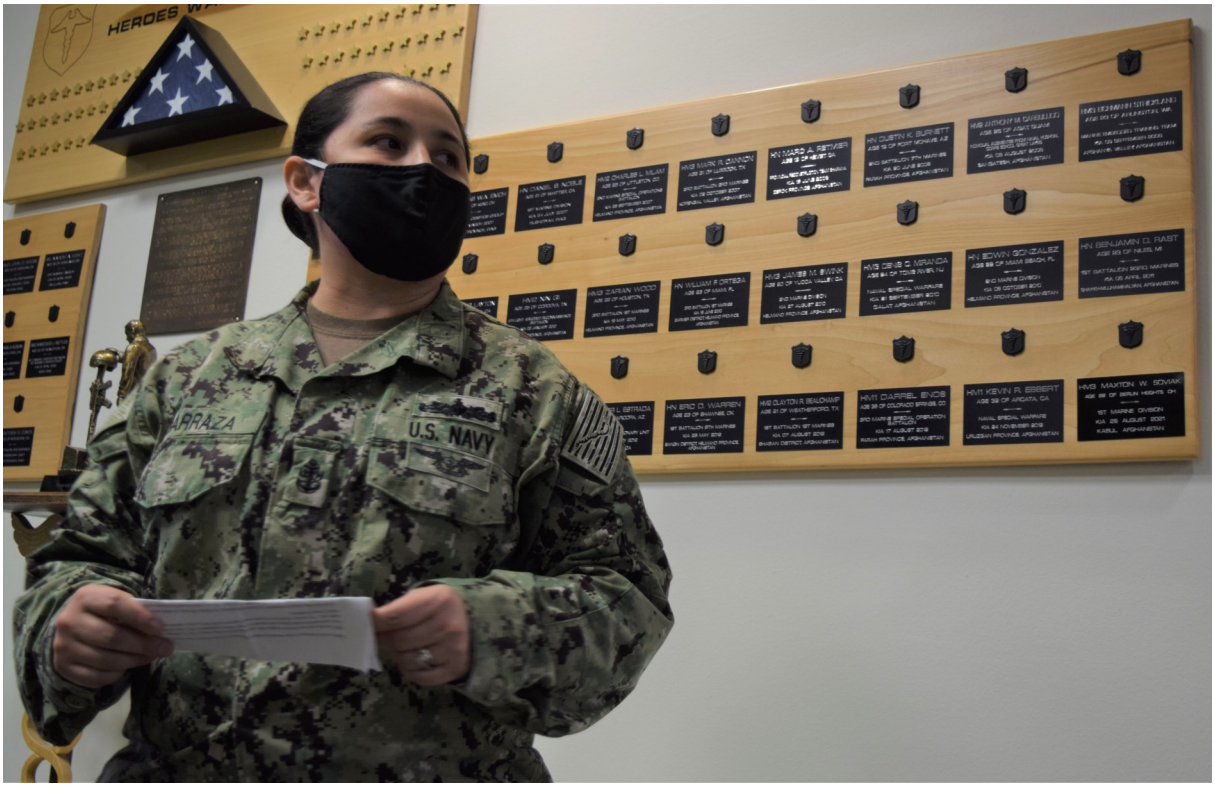
"One cannot simply force people to give blood. A lot of it stems from a fear of needles to, 'oh I tried to donate in the past but was turned away,' and they never try again," Strah said. "The most gratifying thing is being able to see the positive affect that each drive has. I am able to see the number of units collected at each drive. As a lab tech who works primarily in the blood bank I see first-hand the challenges of obtaining the required amount of blood to keep our inventory stocked. It is extremely gratifying knowing that those who donate ease that difficulty and give a fighting chance during difficult times."

When asked what's been the best part about her career, Strah remarked, "Definitely been the people I have met over the years. From friends who are now like family, and coworkers who make busy workdays bearable and help guide me into getting better in my field. To chiefs and first classes that have been the best mentors around to not only shape my military career but to help me grow into the woman I am today."

Summing up her experience with Navy Medicine in one sentence, Strah affirmed, "exhausting but rewarding."

Gone, but Never Forgotten, at NMRTC Bremerton

(January 27, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Naval Hospital Bremerton unveiled their Hospital Corps Heroes Wall of Honor in 2015, it was a heartfelt and hallowed ges-



ture to remember Navy hospital corpsmen lost after 9/11.

Another name was solemnly added to the engraved names on the memorial site.

Navy Medicine Readiness Training Command (NMRTC) Bremerton held a dedication ceremony in honor of Hospital Corpsman 3rd Class Maxton Soviak, killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

“At his last duty station, Soviak was assigned to 1st Marine Regiment, 1st Marine Division. He deployed to Afghanistan. He was killed during his mission to help civilians evacuate. He was posthumously awarded the Purple Heart and Fleet Marine Force corpsman warfare badge,” said Chief Hospital Corpsman Elizabeth Barraza, command Chief Petty Officer Association coordinator of the event.

Soviak was among 13 U.S. service members killed that day with another 18 injured in the blast.

The ceremony included a flag presentation by NMRTC Bremerton Color Guard detail – Hospital Corpsman 1sr Class Curtis Lee Boney and HM3 Joshua C. Herbert - to honor the memory of the fallen corpsman, a wreath laying by the command’s Hospital Corps Ball committee – HM1 Paul Delacruz and HM1 Matthew Hanley – along with sentiments shared from NMRTC Bremerton leadership.

“We didn’t know him, but he was one of ours. He was just 22 years old, from the small town of about 600 [residents], Berlin Heights, Ohio. We felt strongly that we needed to keep his memory and legacy alive. We share and grieve at his loss,” remarked Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer, not-

ing that there are 57 names engraved on Hospital Corps Heroes Wall of Honor, with all sharing two distinctive traits.

One is that they are all United States Navy Hospital Corpsmen.

The other is that they have all been lost while serving their country during time of war.

“From the battlefields of Iraq to the firefights in Afghanistan, while supporting Operating Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn, these 57 names show those who sacrificed their lives so others may live. Gone, but never forgotten,” Fitzpatrick said.

“The names posted on this wall were Sailors we grew up with, were stationed with and were deployed with. We may not have had the opportunity to personally know HM3 Soviak, but we know that he had the same impact that these other corpsmen had who came before him,” added Barraza.

The Hospital Corps Heroes Wall of Honor was a project initiated in 2013 by two former command staff members, HM1 Derrick Ward and Hospital Corpsman 2nd Class Mike Nakamura. Barraza did the necessary legwork to track them down and explain there was the unfortunate need to add another name of the fallen to the memorial.
“We talked for a good amount of time. Their passion for the project was still present. They wanted to ensure that the integrity and intention of the memorial remained the same, to honor fallen corpsmen. This memorial wall means a lot, not just to hospital corpsmen stationed here, but all staff,” explained Barraza.

Senior Chief Hospital Corpsman Randall Zenonian, acting command master chief, took a moment to extend sympathies and reflect to those gathered on the somber nature of the ceremony.

“Our Hospital Corps Heroes' Wall of Honor is a reminder that we stand on the shoulders of those who came before us, and especially those who did not return home,” Zenonian said. “I encourage everyone to visit all of our remembrance memorials, all located on the main hospital third floor. We also honor those hospital corpsmen who have received the Medal of Honor, The Navy Cross, as well as those whose status is listed as Prisoner of War or Missing in Action. Gone, but never forgotten.”

The ceremony concluded with a moment of silence to honor Soviak and the other 12 lost on that fateful day.

Gone but never forgotten.

Navy Corpsmen Help Keep Life-Saving Blood Products Flowing

[December 8, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- For a few Sailors assigned to NMRTC Bremerton, their duty is away from a nautical setting.

Hospitalman Jia Li Chen, med lab tech, works at the Armed Services Blood Bank Center-Pacific Northwest on Joint Base Lewis McCord, well removed from a nautical setting...but not from patient care.

Their crucial responsibility is conducted in a tri-service environment marked with 'tank crossing' signs and echoes of artillery practice in the near distance.

Yet inside a non-descript structure on Joint Base Lewis McCord, Hospital Corpsman 2nd Class Aaron Lake, Hospital Corpsman 3rd Class Roberka Joseph, and Hospitalmen Jia Li Chen and Edward Yelland help support a vital need throughout the world to keep others alive.

The four are U.S. Navy medical laboratory technicians working at the Armed Services Blood Bank Center-Pacific Northwest.

"This blood donor center sends blood products to 210 military treatment facilities (MTF) and provides blood products to six combat theaters. We identify the needs, make the appropriate needed products and send off. We have [approximately] a 24-hour turnaround time. The goal is always to get blood products to those who need it in the fastest manner possible," said Lake, leading petty officer, and Washington native who grew up in the area and has worked at the center for approximately five years.

Compiled statistics show that approximately one in seven people who enter a hospital like NHB will need blood. That's stateside-relevant data however, and not applicable to the recent past where blood products were in constant demand at forward operating bases, combat outposts and trauma team settings throughout Afghanistan.

Blood products collected by the center are still distributed world-wide to provide support from deployed troops overseas to veterans and their families at home.

"A unit of whole blood can potentially be made into different products. Each of these products is used for a different purpose. We help determine what is needed with the facilities that we send blood to as well as the theater (s) of operation. The fresher the blood the better the results," stated Lake.

One pint - or unit - of donated blood can not only save up to three lives, but can also be separated into multiple, vital components of red blood cells, plasma, platelets, and cryoprecipitate.

The red blood cells carry oxygen to the body's organs and tissues.

Plasma is a mixture of water, protein and salts and make up approximately 55 percent of the actual blood volume in the human body.

Platelets help promote blood clotting, and cryoprecipitate, which is collected from plasma that has been frozen, then thawed, is a crucial coagulation agent.

As demanding as it can be to ensure all blood products are sent in an expedient manner for timely use, Lake attests that's really only part of their daily concern.

"The challenging part of blood collection is always needing donors. Our blood products range in expiration

dates of 21 days to 42 days," explained Lake. "A donor can only give every eight weeks/56 days. Blood products can expire long before our donors are able to come back. That's why we're always in that struggle to resupply. A lot of times you'll hear about a natural disaster and people are asked to donate. Ideally we need product on the shelf ready to go when that disaster hits. Not after the fact."

Towards that end, there's a mobile team which screens for and collects blood which is then brought back to the center for processing. The mobile teams travels across the entire Pacific Northwest, from Naval Air Station Whidbey Island, Wash., to Travis Air Force Base, Calif., even colleges that have Reserve Officer Training Corps programs.

According to Lake, over 10,000 blood products were shipped last year.

"That was a slow year," admitted Lake. "Usually we collect from 400 to 500 donors every month, but realistically we'd like to double that. We try to schedule between three to four blood drives a week. It gets difficult during the holiday months to get donors with everyone busy and units have their own training. So it's hard to prioritize us and our mission."

Training is also being provided to Army and Navy operational commands to have their own walking blood bank, if and when needed. A walking blood bank is based on urgency, where blood can be timely drawn from those already pre-tested and designated as a 'walking' donor pool if suddenly required in responding to any medcially-related emergency with wounded personnel in need of blood.

"Right now, we have a hospital corpsman off USS Theodore Roosevelt (CVN 71) who is being trained in all the different administration procedures that he needs, such as how to apply blood product testing and everything else to help establish a walking blood bank on the Roosevelt prior to whenever they head out to sea or on deployment. If blood is needed, there will be a functional standard operating procedure in place with a list of prescreened personnel," said Lake.

"It's just about ensuring we get the life-saving blood product that's going to make a direct impact to keep people alive," added Lake.

The donor center duty has also become a professional proving ground for the Navy medical laboratory technicians. Chen has taken over responsibility as lead technician for the evening shift.

"It's not her rank that dictates but her ability. She has shown herself to be very knowledgeable and a dedicated teammate since she got here. She has shown to have the capabilities displayed by her more senior petty officer and civilian counterparts," commented Lake.

Chen's shift has the processing team handling such tasks as taking donor information, screening information, and collection information to laboriously entering it into a central data base as well as make the blood products based on current inventory in Department of Defense and Defense Health Agency.

"The database gets cross referenced to all donor centers in Department of Defense. We can tell, for example, if someone donated in Landstuhl [Regional Medical Center], Germany but had a malignant cancer which gets flagged for being infectious. Then they come here to donor and their history will pop up," Lake said.

The blood donor center has also been impacted by the ongoing pandemic. Donation efforts have slowed at the center itself and with the mobile teams.

"COVID made it especially challenging. A lot of our donor population are older and the travel limits and unease made it really difficult for them. And us. We want to always make sure everyone is safe. That created unique challenges. Restrictions on donors were much more intense because we want to give the best blood possible," noted Lake.

For those wishing to donate blood, an appointment, can be made by calling 253-968-1850. Hours of operations are Monday through Friday, 8:40 a.m. - 3:00 p.m.

They are always ready to assist fellow service men and women and will continue to collect, screen and process valuable blood products to support those in need across the globe.

So others may breathe - Navy Medicine Respiratory Therapist cares for COVID casualties

[December 1, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When U.S. Navy Hospital Corpsman 2nd Class Tessa Hazard chose to become a respiratory therapist, part of the specialty allure was a limited chance of deployment.

Yet, the ongoing pandemic has called upon Navy Medicine respiratory therapists like Hazard to be sent from sea to shore to help against the highly-infectious disease.

Whether it's embarking overseas on a Navy nuclear aircraft carrier or traveling to a rural hospital setting in America, corpsmen with respiratory therapist skills have demonstrated that they are indeed a ready medical force when called upon.

"Readiness is big time for us," said Hazard. "When I chose respiratory therapist I thought it was a very low deployable platform and wouldn't have that big of a risk to leave my family – young twins - behind to deploy. Now COVID hits and we're being deployed on every platform which we probably would have never gone on before and all these CONUS [continental U.S.] deployments which are still ongoing."

Hazard recently returned to Navy Medicine Readiness and Training Command Bremerton after deploying on behalf of Joint Task Force Civil Support for approximately eight weeks to Ozark, Alabama. As a member of Navy Medicine's Medical Response Team Ozark, Hazard and other active duty nurses, providers and hospital corpsmen were integrated into Dale Medical Center as part of the Department of Defense COVID response operations in conjunction with U.S. Northern Command and Federal Emergency Management Agency to help overwhelmed hospital staff deal with an influx of COVID-19 patients.

According to Lt. Cmdr. Andrew Rutledge, Navy Medicine Readiness and Training Unit Everett officer in charge and team lead, there was a need for Hazard and HM2 Sebastien Fontanges, assigned to Naval Medical Center San Diego, both respiratory therapists, to get acclimated as soon as possible due to the departure of more than half of Alabama hospital's respiratory therapist staff just prior to their arrival.

"Which put them in lead support, with the challenge of what readiness really means in this new environment. Hazard and Fontanges were a great team in a unique opportunity to serve fellow Americans right in their hometowns using the skills the Navy taught them. They did it very well," explained Rutledge.

"Without us, they would have had to shut down certain parts of the hospital without having enough people to staff shifts. They were very grateful to have us there to help them out. That was what everyone was saying, how thankful they were that they were being supported by our team. We could tell they were exhausted when we got

there. They were overworked and happy to have relief," added Hazard, an Oxnard, Calif. native with nine years of Navy experience.

With COVID-19 being a respiratory disease, those afflicted can have their lungs fill with fluid. Inflammation can set in. Patients have low oxygen levels and trouble breathing. Hazard was in high demand. She was charged with helping patients' breath and deal with any airway problems. She provided 180 hours of direct clinical care for 96 patients on a 25-bed COVID unit, seven-bed intensive care unit and 12-bed emergency department. She even volunteered four hours to mentor 150 students at Ozark High School on career opportunities in Navy Medicine and the military as a whole.

It proved to be an emotionally challenging assignment, yet one she trained for and was prepared to handle. She wanted to be able to provide patient-centered care in an inpatient setting, which was exactly what she did.

"I often worked in the intensive care unit, managing the ventilators for the patients, also doing medication therapy with inhalers and nebulizers to either open their lungs, or break up the mucus in their lungs," said Hazard. "Some patients were just on oxygen so there was a need to monitor their oxygen levels. We also used high-flow oxygen for higher pressure and level of oxygen and a regular nasal cannula, which is used to provide additional oxygen to someone needing respiratory assistance."

The majority of her patients were COVID-19 cases. Those suffering from severe COVID-19 needed intubation, even a tracheal tube, along with ventilation support.

"I felt I was doing my part to contribute in some way against the pandemic. Respiratory therapists have been overworked and extremely busy this entire time because it's a respiratory disease," said Hazard.

There were fatalities. Hazard estimates that were approximately 10 deaths attributed to COVID-19 when she was there. In the rural setting, that number hit home to many.

"I had my first code [patient dying]. The patient didn't make it and was 20 years old, the youngest patient who had a lot of health issues prior to COVID. It was my first time experiencing having patient die in front of me and we couldn't help," Hazard said.

"One of the first patients who passed away was related to someone in the hospital," continued Hazard. "Everyone who worked there knew who that person was. It affected the whole hospital. And the young patient, that hit home, too. Other patients, they were in the hospital for so long, up to two months, that even though they were unconscious most of the time, you got to know them. They started to get better and then all of a sudden they crash. In that inpatient setting, you got close to them, then they're gone. We thought they were getting better, yet being unvaccinated they didn't make it. When there's a loss, it hits everyone."

One patient who did leave lost all other family members to COVID.

"There was a whole family dying in one hospital due to the disease. Very tragic," Hazard said, adding that despite the loss, there were patients who did pull through.

"They were there the entire time we were there. Right before leaving they got discharged. They just appreciated everything we were doing for them. I'd go in there to help with their respiratory needs and would end up also helping with other stuff like their blanket. Helping with those little things technically was not part of my job but it's what we do for those we care for. The staff were also very appreciative," Hazard said.

Hazard was notified about a week before she departed she was leaving for Alabama. Once at Dale Medical Center, her and the rest of the Navy Medicine personnel spent several days going through hospital orientation, which included job-shadowing to get the lay of the land. They then teamed up with local staff and started their assigned shifts. Hazard was put on night shift, working 7 p.m. to 7 a.m., along with an emergency room nurse, ICU nurse, medical surgical nurse, and a doctor. Despite the long hours, she attests that one of the most difficult parts of being deployed as simply being away from her young twins and husband back at home.

"It was hard missing them. It was really hard losing patients. No matter what path you're following, this pandemic proves you have no idea what's going to happen," stated Hazard.

Power Award Recognition for NMRTC Bremerton Operational Readiness Clinic

[November 9, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Talk about ensuring a medically ready force by a ready medical force.

When Rear Adm. Bruce Gillingham, Navy surgeon general and chief, Bureau of Medicine and Surgery noticed that there was a backlog of periodic health assessments (PHA), he immediately set about to clear the holdup.

Navy Medicine Readiness and Training Command (NMRTC) Bremerton Family Medicine department organized an Operational Readiness Clinic to efficiently respond to the need in the Navy's third largest fleet concentration.

They were officially recognized for their collective hard work with the Navy Surgeon General Power Award, Nov. 9, 2021.

"If a Navy command has personnel not medically ready, then they can't deploy. Our Family Medicine put together a team effort to address the need. Their efforts show what working together is a team can accomplish," said Capt. Patrick Fitzpatrick, NNHB/NMRTC Bremerton commanding officer.

A PHA is used as a screening method and measure to routinely assess the individual medical and dental readiness of all service members. For those commands preparing for deployment, it is a valued-added tool to help determine their collective operational readiness.

The recognition by the Navy surgeon general specifically focused on the innovative approach by Family Medicine. They came up with the idea of addressing the crucial PHA needed for medical readiness by implementing the Operational Readiness Clinic. The clinic streamlined the process, and improved the cycle time needed for PHAs from an average of 10.6 days down to 7.2 days for 250 Sailors.

"Your innovative approach represented a 32 percent improvement, contributing to a four percent increase in medical readiness in just six months. Your innovative efforts exceeded the surgeon general's goal ahead of the completion benchmark. Your efforts were in complete alignment with the surgeon general priorities and deserve special recognition for a job well done. Bravo Zulu," wrote Gillingham.

The surgeon general priorities – known as the '4Ps' – are the framework for Navy Medicine's mission of focusing on the readiness of the (Navy) Fleet and Fleet Marine Force and are described in part as follows:

People: Active, reserve and civilian medical forces are organized, trained, and equipped to support the integrated Naval Force. Navy Medicine is also a leader in the Navy's culture of excellence – a culture that emphasizes signature behaviors over compliance. Mutual respect is the baseline and excellence is the custom.

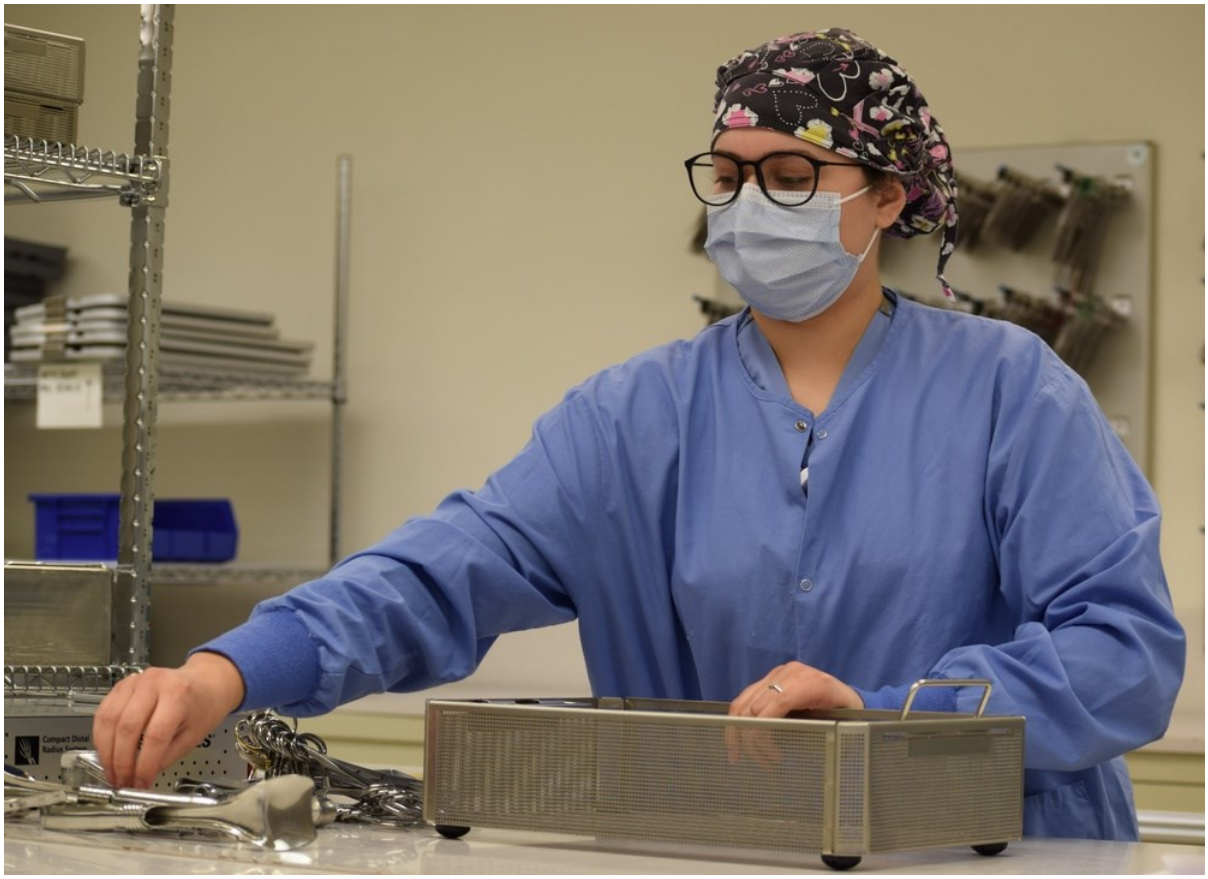
Platforms: Navy Medicine will have modern and maintained program of record equipment sets and appropriate platform training in place that will provide the capabilities necessary to support the warfighter.

Performance: Navy Medicine will have programs in place to ensure all active duty personnel meet and exceed their operationally-focused knowledge, skills and abilities. Further, high value performance will be gained through such principles as high reliability, partnerships and data driven decision making.

Power: All elements of Navy Medicine, including personnel, equipment, infrastructure, and analytical capabilities are harnessed to produce medically ready forces and a ready medical force.

I Am Navy Medicine – and Navy Surgical Tech – HM2 Stephanie Manamon

[September 28, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- From the Sterile Processing department to the Main Operating Room - and all places in between - there's a group of Navy hospital corpsmen like Hospital Corpsman 2nd Class Stephanie Manamon providing timely and continuous surgical support.



Manamon, a Falmouth, Massachusetts native and Falmouth High School 2013 graduate, is one of approximately 15 corpsmen with surgical technologist specialty skill assigned to Navy Medicine and Training Command (NMRTC) Bremerton.

Manamon and her surgical technologist colleagues – generally referred to as surgical techs – are considered the backbone of the departments where they work and irreplaceable assets of a Navy Medicine command currently providing operational support to far flung locales.

"Without them, day to day operations would be major impacted. They're invaluable whether it's assisting in a variety of surgical cases or ensuring proper procedures in the sterile processing department [SPD]. They make it happen," said Senior Chief Hospital Corpsman Xavier Guy, Director for Surgical Services leading chief petty officer.

National Surgical Technologist Week was held Sept. 19-25, 2021, yet there was really no down time for the surgical techs at NHB handling various duties for the Main Operating Room (OR) and in other clinical areas such as Oral Surgery, Ophthalmology, and Labor and Delivery.

Which suits Manamon just fine working in SPD of the Main OR. She has been in the Navy for eight years, with the last two as a surgical tech.

“Surgical techs assist in many facets of the Main OR setting. Every instrument that is packaged for a patient, used, and reprocessed is touched by a surgical tech. When in the operating room, we ensure that the room is clean, instruments are sterile, and that the entire team maintains a standard of aseptic technique and patient safety. We assist in all procedures either maintaining the back table or in direct care with the surgeon,” said Manamon, who decided she wanted to serve in the military after the Boston Marathon bombing in April, 2013.

“I knew I wanted to be in the medical field. I chose to become a hospital corpsman. My father was a Navy Seabee and I grew up listening to stories about how amazing Navy corpsman were,” Manamon said.

Her initial duty station was at Naval Health Clinic New England, Newport, Rhode Island from 2014 to 2016. She then transferred to Naval Hospital Bremerton from 2016 to 2019 and worked in Labor and Delivery department.

It was after observing numerous code purple - obstetrics emergency – situations and watching surgical techs taking care of the newborn that she decided to become one herself.

“I saw how adaptive, talented, and fearless they were and I wanted to be a part of the operating room family,” noted Manamon, who is also studying pre-nursing at a local college. Yet her training is only part of her personal Navy career, to date.

“Navy Medicine has taught me how to be a selfless medical provider. It has given me opportunities to further my education, learn how to be an effective leader, and work as a team player. I have discovered what it truly means to serve others and to serve the mission. I feel happy knowing that Navy Medicine has given me a sense of self and inspired me to further my personal aspirations,” explained Manamon.

A typical day for Manamon has her and other surgical techs assisting in the Main OR during all surgical cases.

They clean, disinfect, and ensure proper sterilization has taken place for all gear being used. They pull all the instrumentation and consumables required for each surgery performed and help prepare the room with the circulating nurse.

Upon completion of every surgery case, they then take charge of all the used equipment to prepare for the disinfection and sterilization processes. That rinse and repeat process is stringently replicated for all cases.

Although days can be challenging due to long hours, Manamon affirms that her career choice is rewarding.

“Working in sterile processing, it is gratifying to know that the instruments that I send to the outlying clinics are meticulously handled and sterilized. I feel good knowing every item I handled was processed with attention to detail to ensure our patients and staff are taken care of,” said Manamon. “Although I do not always work with patients directly, I feel good knowing that I took part in them receiving good care and lowering their risk of infection. Patients expect for the instruments to be clean when used on them and I can ensure that it happens.”

As with the rest of the command, the past 20 months have seemingly revolved around trying to stop the spread of COVID-19.

Surgical techs have been an integral part of the command, as well as Navy Medicine, ready medical force responsible for ensuring the Navy has a medically ready force when called upon.

“During this time, we have deployed to assist in ensuring our Sailors are ready. While serving in the NMRTC, we contribute to the readiness of not only active duty but their families. By helping all areas of the Navy team, we ensure that not only the Sailor is ready and healthy but so are their families,” stated Manamon.

When asked to sum up her experience in Navy Medicine in one sentence, Manamon replied, “Navy Medicine has taught me the basic skills needed to be successful and to always put patients before myself,” she said.

I am Navy Medicine – Sailor of the Quarter, MAP appointed – HM2 Kyra James

{September 6, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- An idea forged and inspired by grandfatherly accomplishments is becoming a legacy on its' own.

Along with being named Navy Medicine Readiness and Training Command (NMRTC) Bremerton Junior Sailor of the Quarter, Hospital Corpsman 2nd Class Kyra James, from the Navajo Reservation and small town of Querino, Arizona, was recently advanced to her current rate by the Navy's Meritoriously Advancement Program (MAP).

The MAP allows commanding officers the opportunity to acknowledge Sailors who have demonstrated they are ready for the next level of responsibility by advancing them in rate.

James was one of a select few chosen for the MAP and being recognized as Sailor of the Quarter further acknowledges her professionalism as a radiologic technologist.

"I joined the Navy because I wanted to serve like my grandfathers," said James, a Sanders Valley High School 2014 graduate. "Both served in the military. One was in the Army and the other was in the Marines. Nobody in my family had joined after them, so I always knew that I wanted to be the first. After talking to a Navy recruiter, I got some reassurance from my parents and was put in the Delayed Entry Program for about nine months and started boot camp in 2015

James was drawn to a career in Navy Medicine as a way to help others in need, along with furthering her own personal - and professional - growth.

"I have always been interested in medicine and felt like I could learn a lot, while making a difference," explained James, who has just received her Associates Degree from Columbia College, Missouri.

Navy Medicine has already taken her on a number of assignments in her six years, each providing the opportunity

to train, develop and advance.

Her initial duty station was across the Pacific at U.S. Naval Hospital Guam. She then went to Fort Sam Houston, Texas, studying for half a year in the Navy's Radiology C-school, followed by another seven months at Naval Medical Center Portsmouth, Virginia.

"I have also spent time supporting the 1st Battalion Army Officer Candidate School, 196th Regiment in South Dakota," added James, a duty where she used her corpsman skills in support of annual U.S. Army field training exercises.

She has worked in a number of diverse medical areas, each predicated on helping keep active duty, retirees and their family members healthy. At her first duty station, she began working in the Ambulatory Procedures Unit to aid in caring for patients in pre- and post-operatively status. She was also the work center supervisor for the OB/GYN Department. After completing Radiology school in 2018, her focus shifted to that specialty.

"I have been working in the Radiology Department, and been the Mammography Administrative Coordinator," said James, equally busy in supporting her colleagues as the current president of the command's Junior Enlisted Association (JEA) and Sailors Against Sexual Harassment and Assault (S.A.S.H.A.) committee.

Her selection as Junior Sailor of the Quarter encompassed all her proficiency on the job, as well as volunteer work.

"This achievement means a lot and I am extremely honored to be chosen. I am beyond grateful that I was able to represent the JEA, the S.A.S.H.A. committee, my directorate, my department, and my family," James said. "To be selected means a lot. It means that my dedication and hard work towards the mission was noticed and rewarded. I just hope I can be a role model to any relatives who are thinking about joining."

James notes that her career to date has been fulfilling, yet the one aspect that has proven to be more rewarding than others is her commitment to helping others.

"Being part of here means putting service before self and being able to help others. The most gratifying aspect of my career would have to be paying forward whatever I learn. Every Navy career is not the same. Each Sailor has a different experience. I try my best to help my peers in any way I can," James shared.

Although more than half of the approximately 24,000 Native Americans serving in the military are in the Navy, they represent just a fraction of the total force of 1.2 million. Add into the equation of being a female, and that percentage drops even further.

"I think the most difficult aspect of my career would have to be the challenges I have faced being a Navajo woman in the military because I don't have a lot of people I can relate to," said James. "At times, it can be difficult being the only one from your ethnicity. But I have been able to overcome that challenge by having a great support system."

Over the 18 months, the added emphasis needed to eliminate the pandemic has had James and the rest of the Radiology Department performing well beyond their normal duties.

"Working in Radiology, we help stop the spread of COVID-19 by performing diagnostic imaging," said James, noting that her position and that of her department is essential in providing patient care. "Radiology is an integral part of providing support to others in need. The diagnostic imaging gives providers the ability to see and understand what's going on inside the body. A broken bone or a disease can be diagnosed and then treated."

"My department and I have worked hard to complete all diagnostic imaging and procedures. Like many other jobs, we were essential and had to remain flexible," continued James. "Each modality is important. We perform x-rays, fluoroscopies, CT's, ultrasounds, MRI's, and mammograms. Our duty is to help ensure that each active duty member and their family members are well taken care of."

When asked to sum up her Navy Medicine experience in one sentence, James replied, "Working in Navy Medicine has taught me to never stop learning and to always overcome any challenge."

Just like her grandfathers.

NMRTC Bremerton MAP a global congratulatory event

[September 3, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- A MAP was needed for all the congratulatory announcements shared across 10 time zones from Navy Medicine Readiness and Training Command (NMRTC) Bremerton.

For Hospital Corpsman 3rd Class Kamal Green, forward deployed as a physical therapy technician to Camp Lemonnier, Djibouti, headquarters of Combined Joint Task Force – Horn of Africa, command leadership got in touch with him after 9 p.m. at the east Africa base.

The unexpected phone call let him know he was being advanced from his current rank of hospital corpsman third class to hospital corpsman second class as part of the Navy's Meritoriously Advancement Program (MAP). After Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer shared the news, there was a momentarily pause at the other end of the call.

"I'm speechless, and if anyone knows me, they know that rarely happens," said Green.

"You've always performed well above your pay-grade," noted NMRFTC Bremerton Command Master Chief Rob Stockton. "You continue to do amazing work. This advancement is well deserved."

From Recruit Training Command, Great Lakes, Ill., to the Armed Service Blood Program at Madigan Army Medical Center, Navy Medicine Readiness and Training Unit (NMRTU) Everett and several stops in the main hospital of NMRTC Bremerton, other Sailors were caught unawares of the good news.

"I have no words right now. I really appreciate this," exclaimed Hospitalman Jazmin Del Angel, assigned to NMRTU Everett.

MAP authorizes commanding officers to advance eligible enlisted Sailors in paygrades E5 and below to the next higher paygrade. The program allows commanding officers with the opportunity to acknowledge those personnel who have demonstrated they are ready for the next level of responsibility by advancing them in rate. The program also grants greater authority to individual commands to better structure their manning levels, and overall helps the Navy by continuing to develop and reward talented Sailors.

HN Aliciafe Sison, currently supporting a COVID-19 mission working at the Navy's only enlisted Recruit Training Command, Great Lakes, was also surprised from a personal phone call from command leadership.

"We know you're doing an important mission in helping keep the Navy's lifeline open. You're demonstrating readiness in taking your skills to another location to provide support. Advancing you to the next highest pay grade is a testament to your hard work. Everyone here wishes to congratulate you," shared Fitzpatrick.

Sison could only reply with a one word, "Wow," she said.

Those advanced to their appointment as a hospital corpsman second class, or third class petty officer in the United States Navy makes them heir to the tradition of naval leadership. By accepting the appointment, they are charged with demonstrating those standards of performance, moral courage, and dedication to the Navy and the nation which may serve as an enviable example to their fellow Navy men and women.

HN Ocean Lewis, assigned to Family Medicine department, was also rendered speechless.

"I'm at a loss for words," Lewis said, after receiving the congratulatory news from command leadership.

"Family Medicine has some amazing Sailors. HN Lewis has stood above in everything she has done in the department," commented Capt. Jeff Feinberg, NMRTC Bremerton executive officer.

As a radiologic technician, Kyra James has been notable in her work as mammography administrative coordinator and was a key contributor in the Radiology department achieving 100 percent in the most recent – and highly stringent – Mammography Quality Standards Act inspection. Also recently recognized as the command's Junior Sailor the Quarter, James also somehow found the time to actively support several command-wide programs designed to aid and assist other enlisted personnel.

"I thank my co-workers and leadership for their great support. Being able to help others here in Radiology and being on the Junior Enlisted Association and part of S.A.S.H.A. (Sailors Against Sexual Harassment and Assault) is just something I do," James said.

By exhibiting unfailing trust and obedience towards superiors, cooperation and loyalty to their peers, and understanding and strength to subordinates, they will contribute greatly to the effectiveness and good name of the United States Navy.

"Their desire to excel and to guide others must be boundless; their appearance must be a model for others and their performance must be a continual reflection of their sincerity, attention to duty and moral responsibility," Fitzpatrick shared.

Advancing to hospital corpsman second class are Hospital Corpsmen 3rd Class Maria Cuenca, Jose Deras, Green, James and Lewis.

This marked the second time being MAP for Cuenca.

"She validated the judgement the first time and validated the decision this time again. Being MAP'd twice is rare and she's the real deal. She's always performed above her current pay grade and that type of commitment rubs off," stated Stockton.

Making the transition to hospital corpsman third class are Hospitalmen Jazmin Del Angel, Roberka Joseph, along with Sison.

"Without question, the Sailors selected for meritorious advancement this cycle have consistently demonstrated Character, Competence and Compassion, and I am confident that each will continue to lead effectively within our organization and across the fleet," affirmed Fitzpatrick.

I Am Navy Medicine – and Sailor of the Quarter – HM2 Joseph Kahler

[August 11, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Joseph Kahler was growing up in Mosinee, Wisconsin, he had an epiphany in the fifth grade.

Although he didn't quite understand exactly who a hospital corpsman was, or did, an elder sibling returning home opened his mind's eye to his future.

"My oldest brother joined the Navy as a corpsman near the beginning of the War on Terror. I remember not really understanding what a corpsman was until he returned from a deployment in the Middle East. My family went down to see him.

"A staff sergeant came over and talked to my father, tearing up

while thanking him. After that I asked my father why he did that, and he started to tell me what a corpsman was and their relationship with Marines. That was the day I knew I wanted to be a Fleet Marine Force corpsman," said Kahler.

After finishing Mosinee High School in 2011 and graduating from University of Wisconsin- Stevens Point with an associate's degree in 2013, Kahler's followed his brother's lead.

His Navy career began that same year when assigned to U.S. Naval Hospital Rota, Spain.

"Navy Medicine has taken me around the world," related Kahler. "From being stationed in Rota, Spain and being able to travel all throughout Europe, deployed with a Marine Expeditionary Unit and made port calls in the Mediterranean Sea and the Middle East, and went on a (Marine Corps) Unit Deployment Program to Japan.

After starting his career in family medicine, Kahler became an emergency medical technician (EMT), working in an emergency room (ER) environment.

"From there I was a line corpsman and then a senior line corpsman (assigned with U.S. Marine Corps). I work in a clinic here, as assistant leading petty officer of Navy Medicine Readiness and Training Command Bremerton Detachment Puget Sound Naval Shipyard," Kahler said.

For his efforts at his current position, Kahler has recently been selected from amongst his colleagues as Sailor of the Quarter.

"It was an honor to be chosen amongst my peers, the second class petty officers at this command are very competitive," remarked Kahler.

In his relatively short career span of almost eight years there have been professional and personal challenges as well as rewarding moments.

"Personally one of the most difficult things that I have dealt with so far in my career has been responding to Sailors who have tried to take their own lives when I was an EMT and working in the ER. The most gratifying aspect of my career has been watching the corpsmen I've trained grow, from gaining warfare qualification(s), picking up rank, or watching them treat a patient. Being able to take a step back and see the progress they have made in their own lives," Kahler said.

Assigned to a Navy Medicine platform, Kahler has been an integral part of providing support to others in need, well before and on through the current pandemic.

"Being a part of Navy Medicine doesn't always mean that you will be taking care of active duty members. Our position here at NMRTC Bremerton is so important because we also take care of dependents of deployed active duty members. This is crucial because those deployed can have the peace of mind that someone is here looking after their family and can focus on their mission," explained Kahler.

With the Navy surgeon general priority on operational readiness, Navy Medicine's core mission is ensuring force medical readiness with a ready medical force. Kahler has continually contributed towards that requirement, including helping to stop the spread of COVID-19.

Yet his position now includes mentoring younger corpsmen to handle a host of overlapping responsibilities, especially saving lives in any scenario or situation.

"My duty has been to ensure that my Sailors are ready to leave this command with the knowledge and skills to go and be able to thrive on any platform in the Navy," stressed Kahler.

From that youngster in the fifth grade with aspirational dreams to a mature young man continuing to make those dreams come true, Kahler's career path has afforded him steady growth and the opportunity to contribute on a global basis providing patient-centered care to those in need. When asked what does being part of Navy Medicine mean to you, he replied, "It means being a part of something bigger than yourself and being a part of the greatest team in the world."

Purple Heart Reflections

[August 7, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- America's oldest military award, distinctive in its rarity, has been annually recognized since 1782.

On August 7, Purple Heart Recognition Day has significant meaning to Navy Medicine Readiness and Training Command (NMRTC) Bremerton with more than a few staff members receiving the medal in the line of duty.

Some of the Purple Heart recipients who were acknowledged for their valor when battered and bruised, but not beaten, include the following trio:

At Al Fallujah, Iraq in December, 2004, Hospital Corpsman 1st Class Richard Vaughn was concentrating on an insurgent prisoner and about to become a Purple Heart recipient.

Assigned to 1st Marine Division, 3rd Battalion, 5th Marine with Kilo Company, 2nd Platoon, 3rd Squadron, Vaughn, then a hospitalman, was involved in Operation Phantom Fury, a two month battle fought in the ravaged cityscape against a determined enemy.

Vaughn and a Marine from his squad were each escorting an insurgent from a dwelling across a courtyard when a sudden explosion brought a sudden rush of searing shrapnel, concussive noise and hot air filled with swirling debris.

"The whole place just seemed to blow up. I didn't know what it was and, to this day, still don't know what caused that blast. A hidden projectile? An improvised explosive device? An RPG?" related said Vaughn, currently assigned to the Mental Health Department as a Substance Abuse Rehabilitation Program (SARP) counselor.

"All I know is that at that time I had a hold of the insurgent in my right hand and was carrying my medical kit and weapon in my left. We were propelled forward. I didn't let go of either the insurgent or my gear."

Vaughn's immediate attention centered on his Marine who sustained an injury to his leg from the blast that tore into his pants and severely injured the limb. There was still the responsibility to deliver the insurgents to their designated staging area.

"We got out of the courtyard, around the corner, and dropped off the prisoners. I then cleaned up the leg injury of my Marine and got him off to a Surgical Shock Trauma Platoon. We weren't too far from that unit," Vaughn said.

Vaughn then finally took a moment to examine himself.

"When the explosion went off, it felt like someone had taken a baseball bat to my left shoulder. There was numbness in my arm. I remember I could feel blood seeping down inside my uniform top. My Marines were on the radio all saying, 'Doc Vaughn has been hit!' But after I looked at myself, I thought it really wasn't that bad. It really could have been a lot worse. To this day I have a hard time telling this, but it really was amazing that it wasn't worse. I chalked it up to prayer that there was no gaping wound. Several weeks after I was asked about the injury and I said it was really nothing," said Vaughn.

Upon returning to Camp Pendleton from deployment, Vaughn's chain of command took exception to his own assessment. He was presented with the Purple Heart.

"Everyone was wounded to some degree in Fallujah, physically as well as mentally and emotionally. We lost a lot of Marines and the wounded were too many to count. I don't think what I did was anything special. I was just doing what I had to do," stated Vaughn.

His time spent in Al Fallujah had Vaughn also engaged in running firefights lasting three to four hours as his Marines were confronting a host of insurgents operating from rudimentary – but effective – tunnels and underground bunkers.

"We fought those guys. Our Marines were right there in those battles and it was rough. If I focus, I can still remember little details like sounds and smells and sights. When you spend seven months wondering if each new day might be your last, your attention to detail can be amazing," Vaughn shared, adding that as harrowing as it was, there was a special affinity he felt for those he cared for as their 'doc.'

Vaughn does get queried at times about his Purple Heart. His response is typically just one word that needs little elaboration.

"I usually just say 'Fallujah,' and that seems to be enough," stated Vaughn. "There were a lot of Purple Hearts where I came from with 3rd Battalion, 5th Marine. Being included with them…I am humbled and honored to wear it."

For Hospital Corpsman First Class Danrung Vanichkul, he was down to seven days and a wake-up remaining in his year-long 2008 Individual Augmentee deployment to Helmand Province, Afghanistan, when his immediate surroundings – as well as everything else - was completely blown apart.

His squad had followed intelligence reports of a concentration of Taliban insurgents gathered at a remote village.

"It was our job to head out to the area and clear them out of there," said Vanichkul.

An ensuing firefight broke out that lasted more than three hours.

"We were fighting and they took off. We pursued them. It was during our chase that they got lucky."

A concealed land mine placed by the retreating Taliban was stepped on by a squad member. The ensuing blast severely injured the Soldier and flung shrapnel into Vanichkul and lifted him meters off the ground.

"The guy was right beside me when the mine went off," explained Vanichkul. "I was knocked unconscious.

When I came to, my first concern was automatically for my personnel."

Vanichkul's subsequent actions on the battlefield were the result of his prior training and continuous knowledge gained from already being part of approximately 200 combat operations before that day when attached to US Army Regional Police Advisory Command, Afghanistan Regional Security Integration Command (ARSIC) South.

"I don't remember how long I was knocked out but it wasn't long," said the Bangkok, Thailand native. "I do remember immediately wondering if everyone else was alright. When we are in a situation with actual wounded, that's when all the drills and training we do takes over our actions. There was no time to think or react, just to do what we do as a hospital corpsman."

"I've never had such an honor of presenting a medal of this magnitude. I'm just speechless and so proud," said Captain Mark Brouker, then Naval Hospital Bremerton commanding officer.

"We just don't think about ourselves in such a situation," Vanichkul remarked. "I guess it's the right medal for wrong timing. But I don't really deserve it."

Four years later in 2012 in the same province of southern Afghanistan, that harsh, unforgiving landscape came crashing into Hospital Corpsman First Class Edwardbrice Sablan.

Sablan was riding in a Mine Resistant Ambush Protected (MRAP) vehicle as part of an escort patrol in the war-torn Marjah region when a sudden blast tore into the undercarriage.

An estimated 200-pound improvised explosive device was detonated into the MRAP carrying members of the 2nd Battalion, 7th Marine Regiment.

Sablan, sitting directly behind the auxiliary driver, was knocked momentarily unconscious by the force of the explosion. When he came to amidst the aftermath of swirling smoke, choking dust and minimal visibility, his thoughts immediately went to the others.

"My concern was for my Marines. I was worried about everyone else. We all got knocked out, including the driver, gunner and other passengers. I instantly started assessing the others," said Sablan.

Everyone had cuts, minor lacerations, and bruises from debris and shrapnel, except the auxiliary driver. The explosion had severely injured his lower torso.

"I had to get him out right away. I pulled him out and stabilized his wounds as much as possible. We had set up a defensive posture, - there were potshots coming at us - and I protected and cared for him until the helo landed and transported him on to Camp Leatherneck," related Sablan.

It was after the deployment back at Twentynine Palms, California, that Sablan discovered he would be a recipient of the Purple Heart.

"I felt very undeserving compared to what others have gone through and then been presented the Purple Heart," Sablan said, adding that it wasn't until a senior hospital corpsman shared with him the real significance of being presented the medal.

"He said that that 'you're not wearing it for yourself. You're wearing it for all those who never made it back.' To have it explained like that meant a lot," explained Sablan.

When the device is formally worn, the Purple Heart features a profile of General George Washington, and above the heart appears a shield of the Washington coat of arms between sprays of Green leaves.

The reverse side has a raised bronze heart with the words 'For Military Merit' prominently featured.

It's that specific meaning that was the driving force behind commemorating August 7 as Purple Heart Day.

General George Washington created it on that day in 1782 as a military decoration presented to those wounded or killed while serving in the United States Armed Forces.

Candid Comments shared on choosing COVID-19 vaccine

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer, April 13, 2021 – These Sailors weren't stuck about getting stuck.

Unscripted candid comments – testimonials – were requested and Navy Medicine Readiness Training Unit (NMRTU) Everett Sailors replied.

Telling it like it is… Hospital Corpsman 2nd Class Kaleesha Ramos, from Tampa, Florida, assigned to Navy Medicine Readiness Training Unit Everett explains why she decided to get the Moderna COVID-19 vaccination during a recent Puget Sound Military Health System (PSMHS) video project. The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

As did other Sailors from across the Pacific Northwest recently for a Puget Sound Military Health System (PSMHS) video project.

The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine.

The filming is part of Defense Health Agency outreach communication efforts to promote efficacy, effectiveness and education of the COVID-19 vaccine, and allow service members to hear from their peers why they chose to be administered the available vaccine.

For Hospital Corpsman 2nd Class Kaleesha Ramos, advanced radiographic technologist from Tampa, Florida assigned to NMRTU Everett, it was an emotionally caring – and compassionate - decision.

"As a breast feeding mother of three and having two brothers with genetic disorders, I did it for my family, to keep them safe from this virus and help set the example to also keep my command safe," shared Ramos.

Hospitalman Samantha Miller, also from NMRTU Everett, initially balked but volunteered the second time around.

"I got it to be able to travel and visit family," said the Syracuse, New York native. "I also want to make my workplace safer."

NMRTU Everett, along with NMRTU Bangor and Navy Medicine Readiness Training Command (NMRTC) Bremerton Detachment Puget Sound Naval Shipyard, are satellite clinics of NMRTC Bremerton, providing patient-centered medical and dental care in the third largest fleet concentration in the U.S.

As of April 6, 2021, NMRTC Bremerton has provided 28,000 Moderna COVID-19 vaccine doses to critical national security assets, deploying forces and eligible beneficiaries in the greater Puget Sound area, excluding Whidbey Island.

With more on the way.

NMRTU Everett – like other military treatment facilities - has been on the giving and receiving end of the vaccination process.

"The new accepts came in waves. There was a wave after the first accepts got it and folks saw they were fine. Additionally, clinic leadership provided staff educational question and answer sessions, which included information about COVID-19, mRNA vaccines, and the Moderna clinical trial data.

Additionally, staff declinations were revisited at each opportunity for vaccination by Preventive Medicine staff to answer any further questions, which resulted in more accepts. Explaining the importance of being vaccinated was

addressed regularly from our quarters, during walk-arounds, and even during one-on-one conversations, all with the idea that it's okay to say no at this time, but here's more information on why it's important," said Rutledge.

Rutledge stressed that there has been no strong-armed tactics used to coerce anyone.

"Declinations were respected for their decision and not made to feel pressured. But communication did not stop and each additional mass vaccination held offered another opportunity to communicate the need," Rutledge said, also noting that clinic leadership and the NMRTC Bremerton's Preventive Medicine team routinely gauged interest and shared insight to debunk falsehoods and address circulating rumors.

Helping to keep the pandemic at bay… Hospitalman Kurt Rommel Libed, assigned to Navy Medicine Readiness Training Unit Everett, from the Philippines before relocating to Maui, Hawaii, explains why she decided to get the Moderna COVID-19 vaccination during a recent Puget Sound Military Health System (PSMHS) video project. The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Rutledge attests it was a challenge explaining the efficacy of the COVID-19 vaccine to some staff members. As an example, they heard about the expected, common side effects – soreness, redness and swelling on the arm receiving the dose, and on occasion fever, chills, headache and tiredness. Compared to the annual required influenza vaccination, that was different.

"The mounting clinical trial data and real world data over time have aided in sharing the effectiveness of the vaccine and the urgency to support," said Rutledge.

It has been gratifying for Rutledge to see clinic staff receive the vaccination to help stop the spread of COVID 19.

"A lot of the staff, including those who were reluctant to get the vaccine at first, became happy to have received it to protect not only themselves, but their loved ones and those around them in the community," exclaimed Rutledge. "Additionally, those staff members who have gotten the vaccine have expressed a willingness with decreased fear to get back out, see extended family and ultimately enjoy some resemblance of normalcy."

Watching the candid comments from clinic Sailors expressed during the PSMHS video filming for Rutledge and others encapsulated the educational awareness and supportive effort from the first vaccination opportunity in December to present day.

They were struck by the honest inflection in each staff member's remarks, from Ramos' emotional explanation to Miller's change of heart. It validated the care invested in each other.

"Being there for them meant not pressuring or scaring the members but respecting their decision either way. Emphasizing the voluntary nature of this process was important alongside the facts and empowering them to make the decision, not have the decision made for them, which often happens in military life," stressed Rutledge.

Volunteers from other Navy commands such as Carrier Strike Group 3, Submarine Group 9, and Naval Air Station Whidbey Island also shared, as did Air Force and Army personnel at Joint Base Lewis McChord.

According to compiled statistics from the Military Health System, it took 70 days for the Department of Defense to administer a million vaccines, half that time - 35 days - for the next million, and with more than a quarter of a million doses administered in the last eight days as of April 12, 2021, DoD is on track for administering the next million in 25-30 days.

Moreover, 83 percent of the vaccines from 350 DoD sites have been administered, above the national average of 77 percent. It is also estimated that more than 25 percent of the total force are now fully vaccinated. Approximately 2,313,600 total doses were provided, with 36.8 percent of service members receiving at least one dose.

Rear Adm. James A. Aiken, Commander, Carrier Strike Group Three, presented the Navy and Marine Corps Commendation Medal to several staff members of Navy Medicine Readiness Training Command (NMRTC) Bremerton for their COVID-19 vaccine efforts in the third largest fleet concentration area, May 13, 2021. Hospital Corpsman 1st Class James A. Gibbens was cited for meritorious service from December 2020 to May 2021 ensuring COVID19 vaccine inventory totaling 42,000 doses were properly managed in accordance with the strict guidelines, which included training eight petty officers on the proper handling of Moderna and Pfizer COVID-19 vaccine, He also coordinated mass vaccines for USS Nimitz (CVN 68) crewmembers, provided on-site expertise in vaccine management, patient flow and site selection, which set the standard for the shipboard vaccination (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Earthquake Exercise keeps the pressure on at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC public affairs officer, July 15, 2021 -- It's a matter of when, not if.

Sitting astride a sizable fault line dissecting Puget Sound, Naval Hospital Bremerton (NHB) continues to prepare – structurally, organizationally, and now with and without pressure – to respond to any seismic activity impacting the area.

In conjunction with Citadel Rumble, an annual earthquake response exercise for Navy commands in the Pacific Northwest, NHB held Operation Black Wind to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks, July 15, 2021.

"Based on our current hazard vulnerability assessment, an earthquake is one of the most likely significant disasters to happen. This training scenario tests our response capabilities," said Terry Lerma, NHB medical treatment facility emergency manager. "Holding this exercise keeps us from being complacent, helps improve our muscle and mind memory to respond quickly, and we also get to work with our community partners and other first responders."

The scenario for Operation Black Wind unfolded with a sudden and significant seismic event occurring in the early summer afternoon.

Triage, treat and decontaminate… Hospital Corpsman 2nd Class Letesa Espina, assigned to Navy Medicine Readiness and Training Command Bremerton, and part of the command's Decontamination team, cares for a mock victim potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 15, 2021, to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Direction to DECON…Navy Medicine Readiness and Training Command Bremerton Decontamination (DECON) Team members assisted mock victims potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 15, 2021, to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

The earthquake, and resultant shock-wave, lasted approximately one minute. Staff, as well as patients and visitors, were immediately informed to 'drop, cover and hold' until the 'all clear' announcement was made.

Coincidentally – and just as unexpectedly - a number of active duty staff members suddenly became ill, possibly due to an overturned tanker truck transporting hazardous material on nearby State Highway 3, which spilled content on the immediate environment.

The sickened Sailors were at the command fitness facility and began complaining of respiratory difficulties, blurred vision, headaches and nausea.

"We had 12 Sailors exposed to some unknown natural or manmade liquid, solid, vapor, or gas. A hazardous material – HAZMAT – spill is dangerous. Once released from whatever and wherever, it is known to cause sickness, even possible death to humans and other animals, as well as damage the environment," Lerma said.

Past earthquakes exercises were scripted to develop teachable skills in handling such potential scenarios from mass casualty inbound to mass evacuation outbound. This time around, a unique twist was thrown into the mix. NHB's decontamination (DECON) team was activated to treat those exposed to the HAZMAT contaminant(s).

"It's imperative that protective measures and proper decontamination of patients exposed to chemical or biological agents occurs to safeguard them and avoid the risk of contaminating and exposing others," Lerma stressed.

The DECON team is responsible to triage, treat, and decontaminate actual and/or potential victims exposed to chemical, biological, radiological, nuclear and/or high explosive agents before they can enter the hospital. They do that by deploying the portable decontamination system, a specifically designed portable shower tent constructed along the lines of the assembly line principle. A suspected contaminated person enters one end and is taken through a series of cleaning and decontamination steps before coming out the other side.

"We have approximately 60 trained personnel on our DECON team, which give us the capability to set up and operate two systems, simultaneously if needed, to completely decontaminate patients exposed to a chemical, biological or radiological agent," explained Lerma. "Once the word was passed to activate, they are charged with getting to our DECON site, getting dressed in the hazardous waste operator suit, and setting up the DECON system. Our goal is to always be ready within 10 to 15 minutes when such an emergency arises to provide that vital layer of protection for the hospital and staff, and care for the patient."

During this exercise, when the DECON team set up their systems with the shower tent to begin the process of caring for the mock victims, there was no water. The well was

Donning and Doffing support…Hands on assistance putting on hazardous waste operator suits was part of the prep work for members of Navy Medicine Readiness and Training Command Bremerton's Decontamination Team called away to respond to a mock earthquake. By deploying a portable decontamination system, the team was able to assist mock victims potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 16, 2021. The exercise provided the opportunity to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

dry. The hydrant (water) pressure on the compound had been lost due to the quake.

“No disaster ever goes according to plan. We wanted to test our team on how they dealt with this. Did they know to contact the incident commander and/or command duty officer to inform them of the catastrophic loss of water pressure? They did just that,” commented Lerma.

Navy Region Northwest Fire Department arrived on scene with Engine 63 to provide the needed water supply for the DECON team needs. There was approximately 750 gallons readily available.

“To our knowledge, this is the first time, at least at Navy Medicine commands, to have a fire engine pump hundreds of gallons of water to a DECON team to use in helping decontaminate patients. The cooperation and support from the Region fire department was integral and vital for success. We also got to determine how long the water supply lasted, and when to request additional support to replenish that fire engine from another source,” said Lerma.

Along with the Sailors exposed to some unknown HAZMAT agent, initial reports from the Rapid Emergency Action Plan team, comprised of Facilities department staff, also showed some structural damage. They also ensured that backup generator power was available if needed.

Navy Medicine supportive care for Alabama hospital caregivers

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer, Oct. 4, 2021 -- There's a hand-painted sign announcing 'Heroes Work Here' outside of Dale Medical Center in Ozark, Alabama.

The personalized statement is as much a reference to the over-worked staff as it is to the U.S. Navy Medicine team who deployed there in early September, 2021.

A active duty team of nurses, providers and hospital corpsmen has been sent into Alabama as part of continued Department of Defense COVID response operations in conjunction with Federal Emergency Management Agency (FEMA) to offer support to help deal with the spread of COVID.

"We're part of DoD's ongoing COVID operations to support FEMA and the state of Alabama," said Lt. Cmdr. Andrew Rutledge, the officer in charge of Navy Medicine Readiness and Training Unit Everett. "We're all proud to be part of the whole-of-government response and increase the medical capacity to care for COVID patients that have taxed local community assets."

According to local reports, hospitals throughout southwest Alabama are trying to accommodate providing care for patients beyond normal intensive care unit (ICU) capacity. Just two days before the Navy medicine team arrived, approximately 2,775 new patients were admitted for care across the state. Many of these hospitalizations are attributed to the Delta variant of the virus.

Vernon Johnson, Dale Medical Center chief executive officer, delivered a stark reminder on the current concerns of an overwhelmed staffing trying to stop the spread of the pandemic and deal with increased COVID cases.

"Now's not the time to have a heart attack or a major car wreck, or something serious because there is nowhere to

send you," said Johnson while addressing local media outlets.

The Navy medicine response team arrived Sept. 6, 2021 to relieve pressure on the hospital staff. There are 16 from Naval Medical Center San Diego, two from Navy Hospital Twentynine Palms, one from Naval Hospital Camp Pendleton and from NMRTC Bremerton; Lt. Cmdr. Andrew C. Rutledge, Lt. Candice Carter, Lt. Adeline Guina and Hospital Corpsman 2nd Class Tessa Hazard, one of two corpsmen with respiratory therapist expertise.

"Our job is to support FEMA and the state of Alabama to provide medical assets in the COVID response," said Rutledge, a 16-year Navy Medical Service Corps officer from Sarasota, Florida.

Rutledge, as Navy Medicine Readiness and Training Unit Everett officer in charge (OIC), is handling operations officer responsibilities to assist coordination of the daily operations for both military and community medical assets to ensure the mission is accomplished.

"I will assist the OIC in administrative and operational duties to maximize our clinical staff's proficiency in patient care," Rutledge said. "I'm thrilled to be supporting my fellow citizens and to help alleviate suffering from the pandemic."

Rutledge and others began their mission with a familiarization briefing to learn the local hospital guidelines and mission, background information and insight on the local surrounding community. Four days after their arrival, they began working side-by-side with their civilian colleagues.

Twelve hour days – at minimum – are now the norm for the team. They've been helping provide care for COVID and non-COVID cases in the ICU, multi service unit and emergency room. The ICU, being full, is the busiest. When a bed does open up, it is quickly filled. Dale Medical Center has all but rolled out the welcome mat in their appreciation for the DoD medical professionals.

"They have been outstanding and extremely thankful for our help. We are enjoying a lot of southern hospitality," said Rutledge, noting that all Navy personnel have been adaptable in fitting into their new working environment.

"Although not the same as where many of the team members come from, the Sailor's prior experiences in many different medical treatment facilities and deployments in unique environments over the years make adaptation more of the norm for us," Rutledge continued. "Many of the staff have been working at Dale Medical Center for 30 years or more. Our goal is to acclimate to their schedule and be like them as much as we can in how they support their community."

There are five military bases in Alabama, including Fort Rucker located in Dale County, but none belonging to the Department of the Navy. As such, the Navy uniform and insignia have caught the attention of the locals.

"When we have had the opportunity to have meals and such while in uniform in the local area, our staff have been well received and thanked for their service both for what they normally do and what they are doing today" said Rutledge. "In speaking with the manager at the Dairy King who noticed our uniforms, she commented her thanks and how folks in her town really need the help and how much it has affected the community,"

As in any deployment, there are some days which are more trying than others. For over a year and half, dealing with the pandemic has taxed many, if not all, in most clinical settings. Rutledge affirms he understands the adversity and complexity the Dale Medical Center staff has had to handle, yet still they persevere in caring for those in need.

"Seeing the loss that many of the local staff have had to endure these past 18 months, and the challenge ahead in preventing more has been difficult for them," observed Rutledge, adding that it has been gratifying to see Navy medicine working well alongside the hospital and "strong Alabama National Guard support."

The Navy medicine team's mission is open-ended with no definitive end date.

Yet.

"Our team is very honored, humbled and we're excited to be part of this holistic approach to responding to the crisis. We look forward to working alongside the Dale Medical Center staff, providing medical support and treatment to our fellow Americans in this local community during this time of need," said Cmdr. Maggie Parks, Naval Medical Center San Diego Industrial Hygiene department head, and team lead.

Weathering the Double Whammy—Influenza and COVID

Clinical care, compassion and competence… NHB/NMRTC Bremerton's Immunization Clinic staff, such as and other offers service such as Hospitalman Justmin Lambatin routinely provide patient-centered support with the administration of vaccines – from influenza to COVID-19 - injectable contraceptives, and prescribed injectable medicines, along with offering PPD testing for active duty and drilling reservists, all enrolled beneficiaries, regardless of age, and civil service staff requiring work-related vaccines, Monday to Friday, 8 a.m. to 4

Preventing viral spread…Hospital Corpsman 3rd Class Mae L. Larimer, assigned to Navy Medicine Readiness Training Unit Bangor helps patients and visitors at the medical clinic to daily mitigate any potential spread of the ongoing pandemic outbreak as well as seasonal influenza virus. In accordance with Centers for Disease Control and Prevention, one of the most effective mitigation measures is hand washing. Other effective methods include anyone to avoid touching their eyes, nose and mouth with unwashed hands; avoid close contact with sick people and maintain social distancing of at least six feet; cover cough/sneezes and discard used tissues and wash hands immediately afterwards; cover the nose and mouth with a face mask when around others; and clean/disinfect frequently touched surfaces at least daily (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Corpsman support for those Gone but never Forgotten

Lending a hand… Chief Hospital Corpsman Piotor Juchniewicz (second from left) takes part in a dig site in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. He served as an independent provider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969 (courtesy photo).

[June 14, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- There's a small, immaculate, reserved dining table in Naval Hospital Bremerton's Terrace Dining Facility.

It symbolically offers a place setting for one, and a table for all.

The POW/MIA table has been a tradition in honor of America's prisoners of war and those missing in action since the end of the Vietnam War.

Chief Hospital Corpsman Piotor Juchniewicz has been in formal dedications during his career recognizing POW/MIAs, but never on such a mission which he recently participated in to help find those gone but not forgotten.

Juchniewicz, born in Poland and raised in Seymour, Conn., served as independent provider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021.

"I have taken part in previous ceremonies such as the Hospital Corps Ball and Marine Corps Ball honoring our missing service members and have reflected about helping bring a missing in action servicemember home to be able to sit at that table," said Juchniewicz, chosen for his independent duty corpsman skills to support the Defense POW/MIA Accounting Agency (DPAA) mission.

Juchniewicz found himself in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969.

“It had already been determined that there was a particular area to look. We had dig sites on an eroding cliff-face, which was not easy, and in the surrounding jungle and river valley,” explained Juchniewicz.

Although Juchniewicz was intricately involved in actual recovery efforts for the missing servicemember, his primary duty was ensuring the medical health and well-being of the team.

“We were in an austere environment. It was always hot, so monitoring potential heat casualties was paramount. There were snakes, leeches, killer [giant murder] hornets. We had torrential downpours a few times. Did a lot of PMT – preventive medicine technician – duty for hygiene, field sanitation, and also established a MEDEVAC [medical evacuation] plan, which wasn’t easy because the only flat enough area was up the side of a mountain. Getting there was a challenge enough. Hauling a person up in a stretcher was very strenuous,” Juchniewicz said.

According to U.S. Marine Corps Capt. Paul R. Johnson, Recovery Team leader, Juchniewicz’s leadership, experience and attention to detail made him an invaluable asset.

“His ability to simultaneously manage numerous environmental risks such as gastrointestinal and musculoskeletal issues, heat considerations and wildlife threats is a testament to his professional competence,” wrote Johnson.

The team was led by a DPAA forensic anthropologist Katie Rubin who took the mission lead at the site in setting up the coordinates and leading the team in their daily responsibilities.

“Even before the test sites to search were set up, a few EOD [explosive ordnance disposal] techs would go through the area to make sure it was safe, flag anything of possible worth, and make sure there was no unexploded ordnance or ammo,” said Juchniewicz.

If there was any hits – old fragments, expended munitions, wreckage remains – a test site such as a 4 (foot) by four grid would be established and workers would dig into that specific area. The dirt would be excavated and screened for any possible evidence of human remains.

“We would work the day shifts digging and then sifting through the dirt. We all did the same work as our Vietnamese counterparts and the 90-plus locals who were also there to assist. There were some debris found,” related Juchniewicz.

“The locals were great. Very helpful and really an integral part of the mission. Just talking, laughing and smiling with them was a great experience,” added Juchniewicz.

Juchniewicz was cited for his contributions on the joint recovery team.

‘He has now set the standard what is expected from our future medical personnel. All medical issues that arose during the mission were handled decisively and effectively resulting in minimal lost time for team members. His work ethic and initiative significantly contributed to the team’s mission accomplishment. His positive attitude and unwavering commitment to the mission helped facilitate the strong partnership between 15 U.S. personnel, nine Vietnamese officials and local workers. His physical and mental endurance were great assets when conducting excavations in arduous conditions in an austere environment. His efforts ensured that DPAA made great strides in obtaining the fullest possible accounting of U.S. military personnel who remained unaccounted,” noted Johnson.

As of Memorial Day, it is estimated that there are more than 38,000 Americans unaccounted for who have been deemed recoverable, dating back to World War Two up to Operation Iraqi Freedom.

In fiscal year 2020, 120 former missing personnel were recovered, with 82 from the Second World War, 36 from the Korean War and two from the Vietnam War. In this fiscal year, with travel still impacted worldwide by the pandemic, DPAA has still accounted for 94 missing service members.

I Am Navy Medicine, and Sailor of the Quarter, HM2 Alexis Delapaz

[June 14, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- It's not as if Hospital Corpsman 2nd Class Alexis Delapaz had to slow down to be recognized by her command.

If anything, being selected as Sailor of the Quarter for Naval Medicine Readiness Training Command (NMRTC) Bremerton meant the award had some catching up to do.

"I was completely surprised when I was selected. I was genuinely humbled. Before the announcement, my chief called to see if I can stop by the lab after taking my son to his well-baby appointment. The CMC [command master chief] was waiting patiently and announced the selection in the lab with my co-workers and friends,' related Delapaz, acknowledging that there is some significance to being selected.

"This selection is important because I wanted to represent my division to the best of my abilities," continued Delapaz. "I wanted my junior sailors to know that our hard work is relevant especially during this pandemic. Their contribution is significant, and we are being recognized for it."

Delapaz, originally from Baguio City, Philippines before immigrating to the U.S. at age 15, calls Pensacola, Florida home. Once high school was completed, she worked several jobs, but none that provided a sense of purpose. Attending college for nursing always seemed to be put on hold. Yet after her first son was born, she made the decision to join the Navy with the intention of becoming a hospital corpsman.

"I wanted to be a good role model for him and I wanted to make sure he had a bright future ahead of him. What better way to 'accelerate my life' than to join the US Navy? I have been interested in the health care field since childhood," said Delapaz, who has also added an associate's degree from George Washington University and is currently working on Bachelor's in Clinical Lab Science through Thomas Edison State University.

She joined the Navy in 2011. As a medical laboratory technician since 2013, her first duty station was at Naval Medical Center San Diego in transfusion services – Blood Bank – for four years. She is currently work center supervisor for NMRTC Bremerton's Laboratory department.

Navy Medicine has taken her to Chicago, Illinois, San Antonio, Texas, San Diego, California and currently to Bremerton, Washington.

"It is not so much as where Navy Medicine has taken me physically but where has Navy Medicine taken me in life and how it has improved me overall as a person," explained Delapaz. "Navy Medicine challenged me and gave me extensive training in a career field that I can take with me on the civilian side and it gave me leadership skills and experience that I can even apply to my personal life."

After primarily concentrating on blood banking at her previous command, she is now involved in every aspect of her command's lab.

"I am so thankful. There's so much that I have learned. Work is never boring. We get to work in phlebotomy, specimen processing, blood bank, hematology, coagulation studies, urinalysis, chemistry, and perform rapid microbiology tests. We learn from our quality assurance and receive histology and cytology specimens. I love learning from my lab supervisors, leaders, and especially my junior sailors. I also enjoy teaching our new techs. It is such a good feeling to see our new techs build their confidence in the lab," Delapaz said.

Delapaz affirms that her lab was, if anything, ever busier over the last year due to the ongoing pandemic. Guidelines were constantly evolving. The need for flexibility was constant. Accurate and timely results were paramount.

"Knowing our role and doing our part is so important. It's like an engine. If one part is not functioning properly,

it affects the overall engine's performance," described Delapaz.

Delapaz's effort, along with the rest of the lab team, ensure a ready medical force supporting a medically ready force in alignment with the Navy surgeon general's priority on operational readiness.

Numbers alone help tell part of such continual fleet support efforts. The Core Lab, Hematology, Urinalysis, Coagulation, Blood Bank, Point of Care Testing, Microbiology, Cytology/Histology did approximately 699,500 tests for 2020, with another 79,400 tests done at branch health clinics located at Naval Base Bangor, Naval Station Everett and Puget Sound Naval Shipyard.

The lab also helped develop large unit collection and processing procedures for COVID testing, which included the collection of approximately 3,200 specimens from USS Nimitz (CVN 68), along with processing, shipment, testing and subsequent follow-up reporting. Similar efforts were done for other local commands centered in the third largest fleet concentration.

"The lab processed thousands of tests for our military members and our families, including COVID-19 and other lab tests required for operational readiness. Having these tests completed in a timely manner ensures that we always have a ready medical force. As a Sailor, we always have to be medically ready to deploy. As a lab tech, we always have to be up to date with training and knowing how to do our job well, in case of deployment," noted Delapaz.

When asked to sum her experience with Navy Medicine in one sentence, Delapaz replied, "Working in Navy Medicine is a tough job, but at the same time it can be very rewarding."

'I am Navy Medicine – and Laboratory Technician – HM1 KC Geisler'

[April 21, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 1st Class KC Geisler entered the Navy in 2002, his plan was to assist in detecting and neutralizing underwater mines.

The Henderson, Nevada native is still distinguishing and deactivating hidden dangers, albeit in a different, yet perhaps even more crucial, working environment.

Geisler is the leading petty officer of Navy Medicine Readiness and Training Command (NMRTC) Bremerton's Laboratory Department, which has been pivotal throughout the past year in helping to eliminate the pandemic.

For Geisler and the entire Lab team, their work continues unabated even during the annual recognition event of Medical Laboratory Professionals Week, held this year April 18-24, 2021.

"The laboratory became the gateway of all COVID-19 testing in our immediate region. The laboratory had to step up and tackle the pandemic head on with no reduction in schedules. When USS Nimitz (CVN 68) was tasked to deploy last year, all of our staff came in over the weekend

to order over 4,000 COVID-19 diagnostic tests, coordinate logistics, processing, shipping and DoD testing to support getting the carrier underway for deployment as scheduled," Geisler said.

Lab staff also took part in providing approximately 5,750 COVID swab tests for Marine Corps Security Force Battalion, Bangor and approximately 4,250 COVID swab tests for Submarine Group Nine commands.

"When we receive the COVID samples we have to make sure that the sample is correct and acceptable for testing before tested or sent for reference studies. Our microbiology bench received and validated four FDA approved infectious disease diagnostic analyzers to test COVID-19 and respiratory panels as well as another molecular testing system that can handle 400 COVID tests a day. With the implementation of those analyzers, the wait time for COVID-19 results went from three to seven days to mere hours. The efforts of the lab have helped to identify patients that have been infected with COVID-19, which has been instrumental in the care and further precautions to stop the spread of COVID-19," explained Geisler, a Hardin High School 1997 graduate, George Washington University alumnus with an Associate in Science 2007 degree and a Trident International graduate with his Bachelors in Health Care Administration in 2017.

Geisler joined the Navy in 2002 as a mineman.

"Which is a really small rate [approximately 300-600 Sailors] that few people know about. The rate is a jack of all trades. You are a gunner's mate, master at arms, quartermaster, operations specialist, and a boatswain's mate all rolled up into one," said Geisler, who was assigned to USS Defender (MCM 2) and USS Warrior (MCM 10) both with U.S. Pacific Fleet.

"MCM class ships are made of wood and fiberglass so that the hull can flex during an explosion set off by a sea mine," added Geisler. "It had a crew of only 70 people so everyone had to be familiar with how the ship ran. It was a lot of work but it was a lot of fun at the same time."

It was when Geisler started working with the ship's Surface Independent Duty Corpsman that the urge to switch to a career in Navy Medicine took hold.

“I wasn’t happy with what I was doing. I wanted to do more. I learned how to take care of medical records, perform minor medical procedures and health inspections,” recalled Geisler, adding that he also became aware that as a mineman there really wasn’t a lot of similar civilian occupations, but the medical field offered a wide range of job opportunities.

After Hospital Corpsman ‘A’ School, he then attended Advanced Laboratory School for 13 months, which is where he also earned his associates degree, along with a national certification from the American Society of Clinical Pathologists. He also received a $45,000 reenlistment bonus.

Navy Medicine has taken Geisler to the far side of the Pacific, for a tour at U.S. Naval Hospital Okinawa, Japan as the Blood Bank Supervisor from 2007-2010.

“I had a blast. If you’ve never been to Okinawa, it is one of the best duty stations out there! There is a lot to see and do and the Okinawans are really friendly,” related Geisler.

After Okinawa he transferred to Naval Branch Health Clinic Fallon, Nevada, home of Top Gun Naval Aviation School as the clinic/lab leading petty officer. After three years there, he relocated to the Pacific Northwest, initially at Branch Health Clinic Puget Sound Naval Shipyard before his current duty assignment.

When asked what’s been the best part of his Navy career, Geisler replied, “Definitely has got to be the people that I meet. It is never about the duty station that you go to. It’s all about the relationships that you build with the people you work with that really matters. In the laboratory we are a family. People that join the Navy – or any other service branch for that matter - typically are not in close proximity to their families. So we adopt each other and take care of one another.”

For Geisler, being part of Navy Medicine has presented an opportunity to continue to challenge himself personally and professionally. His co-workers count on him. His young Sailors appreciate his guidance. Yet to most, if not all, patients, he’s a behind-the-scenes expert committed to processing accurate and timely test results for each one.

“I like to know that I am taking care of our service members, as well as their families,” stated Geisler.

Care during COVID-19: Pharmacy Techs recognized for All Star contributions

[April 16, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When the Navy’s COVID-19 Pharmacy All-Star Spotlight came out in March, 2021, the publication showcased a host of pharmacy technicians in a number of categories.

All of them were nominated by their respective commands for demonstrating what it meant to be resilient, compassionate, dependable and innovative during the pandemic.

HM1 Cyrus Cunningham was a ‘Rockstar Lead’ award recipient, nominated for demonstrating resiliency, dependability and innovative during the pandemic. (Official Navy photo)

Navy Medicine Readiness Training Command (NMRTC) Bremerton had five staff members featured.

From Navy Medicine Readiness Training Unit (NMRTU) Everett, there was Hospital Corpsman 1st Class Cyrus Cunningham, ‘The Rockstar Lead’ award recipient; Hospital Corpsman 3rd Class Crystal Zamora, ‘The Pursuit of Wellness’ award recipient; and Hospitalman Jessica Moilanen, ‘All Star Tech’ award recipient. From NMRTC Bremerton, Mr. Edward Schulz, ‘The Rockstar Lead’ award recipient; and from NMRTU Bangor, currently at Expeditionary Medical Clinic Isa Air Base, Bahrain, HM1 Benjamin Chapin, ‘The Go Getter’ award recipient.

Lt. Courtney Rafferty submitted Cunningham for the ‘The Rockstar Lead’ award, as one who demonstrated resiliency and showed compassion, direction, and encouragement of their staff, such as encouraging flexible scheduling, being sensitive to personal demands, and prioritizing mentorship.

“NMRTU Everett Pharmacy team, led by Cunningham, anticipated and proactively engaged in shaping policies and procedures early in the pandemic that were critical to protecting patients and staff members. Within weeks, the Pharmacy team closed the very small waiting area and worked closely with base leadership to develop infrastructure, resources and technology to support a fully operational Pharmacy drive-through and curbside pick-up,” wrote Rafferty, also adding that Cunningham implemented new technology to enhance patient experience and help increase overall improved efficiency.

Zamora was nominated for the ‘Pursuit of Wellness’ award by Rafferty, given to those who prioritized well-being efforts throughout the past months and implementing new ways to reduce workplace burnout, chaos and stress.

“During the pandemic, Zamora organized a running team for the Pharmacy, contributing over 225 miles, responsible for one of the highest mileage achievements for the Run Across America Challenge, which resulted in special liberty for all six active duty Sailors on the Pharmacy team. Zamora further reduced stress and workload burden on other members of her Pharmacy team by ensuring an uninterrupted supply chain despite budget restrictions and unexpected staffing shortages. Her can-do spirit and non-stop work ethic in addition to her passion for health and wellness motivated other team members and allowed the NMRTU Pharmacy to deliver uninterrupted care to our entire active duty and retiree patient population safely during a highly stressful period of time,” described Rafferty.

In her submission for Moilanen as ‘All-Star Tech’ award, Rafferty wrote in part, “Moilanen is the true definition of Pharmacy All Star Tech. She seamlessly helps handle over 100 phone calls daily, fills and processes prescriptions all while helping run the drive through pharmacy. She is adept at identifying and solving problems before they propagate. She has an effusive customer service attitude and is truly a credit to the Navy Pharmacy team.”

Schulz was also a ‘Rockstar Lead’ nominee, put in by HM1 Michael LaPenna, NMRTC Bremerton’s Main Pharmacy lead petty officer. “Mr. Larry Schulz is a phenomenal lead technician! He provided the daily guidance and assignment for technicians to maintain the continuity of daily operations while providing high quality of services for our beneficiaries. During the pandemic, he created alternate department schedules that adhered to command policy of ‘social distancing" while still maintaining the appropriate manning for support command's mission in providing quality patient care.’”

The ‘Go Getter’ award was for those going above and beyond to support their colleagues and patients during the pandemic.

In nominating Chapin, Chief Hospital Corpsman Jose Naranjilla wrote, “As the leading petty officer and sole pharmacy technician assigned to Expeditionary Medical Clinic Isa Air Base, Bahrain, HM1 Chapin leads his team of Sailors and soldiers supporting approximately 1,600 forward deployed joint service warfighters. At the forefront of the U.S. Naval Forces Central Command COVID-19 inoculation plan, he coordinated, tracked, and reported the vaccination of 346 service members and base employees across 14 tenant commands.”

Capt. Brandon Hardin, BUMED Pharmacy Specialty Leader, congratulated all nominees. “I want to thank each and everyone one of you for all you have been able to accomplish during such a challenging moment in history. Your support of and dedication to this community has been crucial to the superior care we have delivered throughout the COVID-19 pandemic. You have demonstrated what it means to be resilient, compassionate, dependable, and innovative in the face of uncertainty,” stated Hardin.

Reflections, Respect on Clinic Namesake

[March 15, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Navy Hospital Corpsman 2nd Class David R. Ray would have been 76 years old this year.

The Congressional Medal of Honor recipient (posthumously) and namesake of Navy Medicine Readiness and Training Unit (NMRTU) Everett was killed in action - a lifetime ago - for his actions at Phu Loc 6 near An Hoa in Quang Nam Province, Republic of Vietnam, on March 19, 1969.

Gone but never forgotten.

From that fateful day 52 years ago, the legacy of the man is embodied by staff at NMRTU Everett, located within the David R. Ray Branch Medical Clinic, caring for eligible beneficiaries in the greater Naval Station Everett area.

For hospital corpsman stationed at the clinic, there is symbolic significance following in such hallowed footsteps.

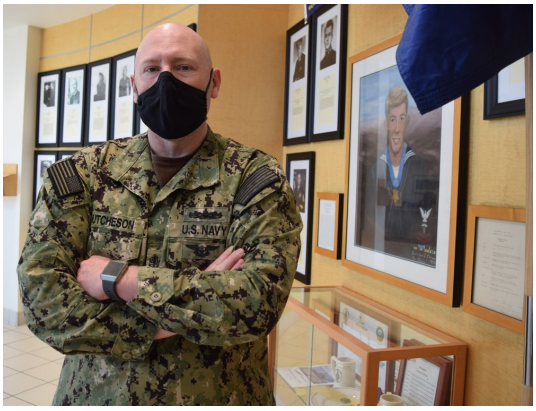
“I find it very significant to work anywhere named after someone who came before. There is a lot of pride knowing you represent someone who made the highest sacrifice for our country, and seeing their picture and citation every day as you walk in,” said Hospital Corpsman 2nd Class Emilio Alejandro Lugo, a Poulsbo, Washington native who has been assigned to the clinic for two of his eight years in the Navy.

“It is very significant to work within a facility named after a hospital corpsman who’s a Medal of Honor recipient, as it sets the highest standard while wearing the cloth of our nation and assisting those in need of healthcare,” added Hospital Corpsman 3rd Class Crystal Jeanette Zamora, from Douglas, Arizona, who has been stationed at the clinic for three of her four years in the Navy.

The high regard that the clinic Sailors have for Ray has even become a mobile form of respect, venturing far beyond the clinic. The command’s guidon has become an emblematic source of pride and esprit de corps for staff members, especially during the ongoing pandemic and helping to stop the spread of COVID-19. Through rain and snow, in urban and rural backdrops, at work and off duty, clinic corpsmen have carried and displayed the guidon.

“The outings with the guidon enable us to show these incredible characteristics off with great pride, honor, and commitment that will encourage us to carry on such a legacy,” exclaimed Zamora. “This sentiment is significant and noteworthy in a way that demonstrates the bravery, selflessness, and act of heroism shown by HM2 David R. Ray.”

Chief Hospital Corpsman Sam Hutcheson affirms that NMRTU Everett Sailors taking the David R. Ray guidon on various outings is a notable way to show HM2 Ray’s memory is still alive.



“I am really blessed to be surrounded by so many talented and motivated Sailors. The level of creativity that went into the preparation and execution of demonstrating the pride and admiration that we have for David R. Ray was next level. To be able to get out into our surrounding areas, through various weather conditions and take a moment to reflect on his sacrifices, is the very least we could do for a hero who gave the ultimate sacrifice for his country and his comrades in arms. His legacy lives on through these sailors. They take tremendous pride in knowing that,” stressed Hutcheson, from Gainesville, Florida, who has been at the clinic for three of his 23 active duty years.

“It shows the value in honoring the legacies of those who have gone before. Going out with the guidon is significantly better

than just a cake or something because we aren't just getting something out of it. We're going out in what many people consider less than ideal weather while upholding Navy core values to show a commitment to honor," Lugo said, readily acknowledging that the Navy Hospital Corps rate is known for putting service before self, and that very notion – exemplified by David R Ray – is inspirational.

"I chose this rate because of that legacy," continued Lugo. "When people ask what it is I do in the Navy, I love being able to say I'm a corpsman. Every veteran knows what a corpsman is, what we do, and the legacies that we are willing to live up to. That legacy is also a great motivational tool that require us to put in a bit more work. We're the most decorated rate in the Navy for a reason."

Zamora attests the legacy of service before self inspires her.

"It motivates me to do everything in my power to assist those in need and assist my fellow Sailors around me. I'm inspired to be selfless and always caring as HM2 David R. Ray was. I hope these characteristics are passed on, and have such an effect and purpose on future hospital corpsmen," said Zamora.

As a senior enlisted leader, Hutcheson candidly states that putting service before self has been the standard since the inception of the Navy Hospital Corps, with Ray the epitome of that trait.

"Read his citation of action and try not getting motivated, I dare you. Everything is about perspective. When you think you're having a rough day, just thinking about being under enemy fire and still going from parapet to parapet tending to wounded Marines while being injured, helps bring everything into focus," explained Hutcheson.

When asked how would you respond to someone with no real knowledge about the Navy who is curious enough to ask, 'who was HM2 David R. Ray,' Lugo replied, "Beyond a Medal of Honor recipient, he was a kid from Tennessee who died putting the welfare of the Marines under his charge ahead of his own. Because of him, someone else's son was able to come home from the jungles of Vietnam during a time when military service wasn't voluntary. Neither of them may have wanted to be there, and both of them could have potentially died out there, but because of HM2 Ray's sacrifice, at least one of them came back. Now, he inspires future generations of hospital corpsmen to uphold that same level of fidelity during the most difficult of times."

Asked the same question, Zamora answered, "the hospital corpsman rate is one of the most honorable and decorated rates in the United States Navy. David R. Ray resembles the exact reason for this, as he risked his life beyond the call of duty, rendering aid to his Marines and portraying acts of heroism by sacrificing his own life for a patient, all while being wounded himself. It is this legacy and inspiration that make being a hospital corpsman so honorable, rewarding, and selfless."

"For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty while serving as a HM2 with Battery D, 2d Battalion, at Phu Loc 6, near An Hoa. During the early morning hours, an estimated battalion-sized enemy force launched a determined assault against the battery's position, and succeeded in effecting a penetration of the barbed-wire perimeter. The initial burst of enemy fire caused numerous casualties among the marines who had immediately manned their howitzers during the rocket and mortar attack. Undaunted by the intense hostile fire, HM2 Ray moved from parapet to parapet, rendering emergency medical treatment to the wounded. Although seriously wounded himself while administering first aid to a marine casualty, he refused medical aid and continued his lifesaving efforts. While he was bandaging and attempting to comfort another wounded marine, HM2 Ray was forced to battle two enemy soldiers who attacked his position, personally killing one and wounding the other. Rapidly losing his strength as a result of his severe wounds, he nonetheless managed to move through the hail of enemy fire to other casualties. Once again, he was faced with the intense fire of oncoming enemy troops and, despite the grave personal danger and insurmountable odds, succeeded in treating the wounded and holding off the enemy until he ran out of ammunition, at which time he sustained fatal wounds. HM2 Ray's final act of heroism was to protect the patient he was treating. He threw himself upon the wounded marine, thus saving the man's life when an enemy grenade exploded nearby. By his determined and persevering actions, courageous spirit, and selfless devotion to the welfare of his marine comrades, HM2 Ray served to inspire the men of Battery D to heroic efforts in defeating the enemy. His conduct throughout was in keeping with the finest traditions of the U.S. Naval Service."

"As a hospital corpsman, you are always very aware of the legacy that has been paved before your time. To be able to work in a facility named after one of the 23 hospital corpsman Medal of Honor recipients is a real honor and also very humbling," stated Hutcheson.

From Kitsap to Kandahar and Back Again

[January 15, 2021] The weathered block of wood, little more a worn signpost, was a stark reminder that home was more than 6,900 miles away.

It withstood battering from the elements, survived Taliban rocket attacks, and endured turbulent winds of change.

It became hardened and toughened.

As the men and women from Naval Hospital Bremerton (NHB) also did during their time deployed those thousands of miles away in southern Afghanistan.

The faded marker has finally returned home, along with all NHB staff members from down range.

For over a decade, a steady stream of Navy Medicine personnel have manned the NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Airfield (KAF), Afghanistan.

The worn signpost was a stark reminder that it's 6,933 miles from Naval Hospital Bremerton (NHB) to the NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Airfield (KAF), Afghanistan, where Navy Medicine personnel, including approximately 135 staff members from NHB, deployed serving at what was the Navy's longest serving combat casualty hospital from 2009 to 2020. Hospital Corpsman 1st Class Isaac Kargbo was in his second tour at NHB when he deployed down range from October, 2019 to June, 2020, serving as the leading petty officer for the Radiology Department. Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided by staff like Kargbo to those in need, many also far from home. The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home. That old worn signpost made it back, too. As did Kargbo and every other battle-tested man and woman from Naval Hospital Bremerton (Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer)

They provided sustained trauma and casualty care during Operation Enduring Freedom, the U.S.-led response for the global war on terrorism targeting Al Qaeda and Taliban in Afghanistan.

They did the same supporting Operation Freedom's Sentinel and Resolute Support Mission, both NATO-led missions to train, advise and assist the Afghan National Defense and Security Forces and institutions, as well as conduct counterterrorism operations in the country.

The initial Navy rotation – dubbed Bravo - took command in 2009. The 22nd and last rotation – designated Whiskey – turned over MMU responsibility September, 2020. Thus concluded more than ten years deployed in the war-ravaged country at what was the Navy's longest serving combat casualty hospital.

Over the years under Navy leadership, NHB sent approximately 135 staff members to support the mission, with everyone returning.

For Senior Chief Hospital Corpsman Cameron Wink, the last Navy command senior enlisted (CSEA) leader at the MMU, his time there provided a symbolic career contrast, from being amongst the first in one combat zone to then one of the last out in another theater of war.

Wink was at the forefront in 2003 with the Marines 1st Light Armored Reconnaissance Battalion on the opening days of Operation Iraqi Freedom (OIF), which took him on the initial push north from Kuwait up to Saddam Hussein's home town of Tikrit.

His time down range had him metaphorically helping to close the door and hand over the key after a job well done.

"Being the CSEA, it was a phenomenal experience. Working with NATO and joint services to provide the absolute 'best care, anywhere' was definitely a highlight

Senior Chief Hospital Corpsman Cameron Wink (right) the last Navy command senior enlisted leader at the NATO Role 3 Multinational Medical Unit at Kandahar Air Field is joined by Senior Chief Hospital Corpsman Melvin Atangan to display the Navy's Chief Petty Officer flag in an impromptu photo opportunity in front of Kandahar Airfield, Afghanistan in 2020. Both were assigned to the Navy's 22nd and last rotation – designated Whiskey – which turned over MMU responsibility September, 2020, concluding more than ten years deployed in the war-ravaged country at what was the Navy's longest serving combat casualty hospital. (courtesy photo).

of my career! We had an amazing team," said Wink, candidly adding that there really was no resemblance to his time during the early days of OIF.

"No comparison. The Role 3 was such an amazing facility the Navy has owned! The best part was the team work. We took Sailors from 16 active duty commands and 32 Navy operational support centers and they all came together, even during COVID-19, to perform the way they did. It was amazing," exclaimed Wink.

Prior to the Navy, the KAF medical facility served as a central casualty receiving location for NATO forces beginning in 2002. The U.S. Army ran a combat support hospital until 2006, when Canada took responsibility as lead nation for the facility that was updated to Role 3 capability.

The term 'Role' describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital. During the Navy's deployment, the Role 3 MMU included capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry, and operational stress management teams.

Added Note: Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. Role 2 has been traditionally defined as a battalion aid station, where the wounded are linked up with a nurse and physician in the chain of evacuation. Landstuhl is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are rehabilitation facilities stateside such as Walter Reed National Military Medical Center.

Navy Hospital Corpsman Chief Julie Sanchez had the unique experience of receiving her chief petty officer (CPO) anchors when deployed in 2009 to the Canadian-led Role 3 MMU. She became part of a truly joint medical command environment with personnel from Australia, Britain, Denmark, The Netherlands, New Zealand, and U.S. Army and Air Force assets.

The CPO Induction process was added to Sanchez's already long-day duties as shift supervisor for the Primary Care clinic and as a member of the first trauma team established for urgent surgical needs. The hospital and clinic were both in tents located next to the deafening, non-stop flight line for quick receiving of inbound critically wounded and also to transport patients out of theater via medical evacuation.

KAF, located approximately 10 miles from Kandahar, the second largest city in the country, had become a vitally important NATO air base for conducting operations in the south and east of the country against the Taliban.

"A normal day was to expect any number of traumas (cases) flown in from all over southern Afghanistan," said Sanchez. "As a trauma team member, I helped to handle and treat a lot of critically wounded combat casualties that are mostly from blast injuries and gunshot wounds."

When recently asked on her experiences during that bygone deployment, Sanchez replied, "What was most gratifying was saving as many lives as we possibly could. Navy Medicine was huge in supporting the Global War on Terrorism."

The early years of the Role 3 MMU under Navy leadership continued the crucial responsibility of handling devastating injuries at what became one of the busiest trauma centers in the world.

Compiled data from those early years show the Canadian era from 2006 to 2009 – 44 months – cared for 4,134 patients and did 6,735 procedures. From the middle of October, 2009 to the end of April, 2012, the Navy – active duty and reserve components - treated approximately 2,100 patients per year.

In 2011, a trio of Sailors from NHB were recognized, back-to-back-to-back, as junior service member(s) of the month for their efforts.

Chief Hospital Corpsman selectee Bryce Moheit was a young third class petty officer when he was acknowledged for his performance as a surgical technician in the Operating Room (OR) following Hospitalman Andrew Brown for his work in the Intermediate Care Ward, and HM3 Levi Arcaira for his contributions in the Urgent Care Unit.

“Just being part of our international team that delivered the kind of care we did, and had a 98 percent casualty survival rate even when dealing with injuries from improvised explosive devices (IED) and gunshot wounds, made me proud,” said Moheit, a Tennessee native, surgical technician.

Moheit’s role as a surgical tech had him readying all instruments and equipment for any OR case, many times with little or no notice beforehand. Fighting persisted against the Taliban not just in the Kandahar region. Casualties’ arrived from near and far battlefields. Local Afghans also sought treatment for a host of ailments.

“Most of the time we had six to nine cases on the board for the morning shift. We took care of a lot of local nationals as well as coalition forces,” said Moheit.

Reminiscences linger of his time spend in the midst of that protracted conflict.

“Most gratifying was when a service member got the chance to evacuate home. It meant that we did all we could. Most challenging was losing someone no matter how much of your soul you poured into the case. The most memorable was the people. The friendships and memories changed me as a Sailor, medical professional and person,” Moheit said.

When the weather warmed from May to September in 2012, the war also heated up. As the fighting season commenced in southern Afghanistan, HM3 (Fleet Marine Force) Anthony M. Juarez, from Branch Health Clinic Everett, was right in the midst helping to care for wounded personnel.

The 22-year old Bakersfield, Calif. native primary responsibility was providing emergency care transportation to incoming casualties from the flight line to the Trauma Bay. He also assisted with emergent, urgent, and specialty care with the Referral Care Center/Emergency Vehicle Operation Casualty Care section.

“I am part of a great team doing great things in a bad place,” said Juarez. “We helped whenever and wherever. We (also) provided services to the Afghan National Army, Afghan National Police and local casualties. We provide the same unbiased care to all who entered our doors.”

The escalation of fighting brought the most difficult aspect of deployment directly into focus for Juarez.

According to hospital records, there were approximately 800 battlefield casualties treated at Kandahar Air Field’s Role 3 from May through September that year— long considered to be the traditional fighting season in Afghanistan —and more than half of the cases were U.S. or other NATO troops. The rest were Afghan soldiers and civilians too badly hurt to be cared for at nearby Afghan military or civilian hospitals. Compiled statistics also show that almost half of all battlefield injuries treated at Role 3 were caused by IEDs.

“I experienced the loss of Marines, Sailors, and Soldiers. The hardest part professionally is accepting the ultimate outcome no matter what, and rationalizing in my head that I did everything I could for my patients, even though I may not feel that way personally,” Juarez explained.

A year later, when HM3 Kayla Blum, from Prescott, Arizona, arrived down range in July 2013, she knew it was where she was needed to care for the wounded.

“This deployment is why I joined the military in the first place. I wanted to help the service members who were risking everything for our country. No matter where I worked before coming here, nothing could have prepared

me for the things I saw and did here. Working in the Emergency Room and Pediatrics at NHB was a great experience, but nothing comes close to what I am able to do out here," said Blum, who handled a number of crucial duties related to trauma care.

It was not uncommon during any trauma case for Blum to assist a surgeon, help as an ambulance driver to transport wounded from the flight line to the hospital, even leap into the back to act as the receiver to help monitor and stabilize patients until reaching the operating room.

"The days were busy when we first arrived. We saw anywhere from 10 to 20 patients. Typically those patients had gunshot wounds, and IED related injuries such as shrapnel and/or amputated limbs. I knew coming here we would be seeing some serious injuries and that a lot of the patients would be our troops. But that's why I'm here, to do my part," related Blum.

Hospital Corpsman 1st Class Isaac Kargbo was in his second tour at NHB when he deployed to Role 3 MMU from October, 2019 to June, 2020, serving as the leading petty officer for the Radiology Department.

"We dealt with intense trauma caring for combatant casualties, both U.S. military and NATO coalition forces, fighting to stay alive from gunshot wounds and blast injuries," related Kargbo, from Freetown, Sierra Leone, who came to the U.S. in 2006. "From mass casualty and trauma activation, to our litter bearers bringing casualties into the trauma bay, portable X-rays, computed tomography, and finally getting them into the operating room, is a nightmare. However, the best memories are watching most casualties recover from these injuries under the noble and experienced hands of our professional Navy physicians."

Kargbo's job often required him to work long hours or go with little to no sleep.

"The best part is being able to do what I do every day to help take care of the sick and injured combatants," said Kargbo. "I personally volunteered for this deployment, knowing that I will be able to provide services to my fellow service members in combat. Every morning that I wake up and tie my boots, or had a sleepless night because of long hours at work, I know it's not for nothing. Someone is getting help. That is Navy Medicine."

Wink can also affirm that he will retain professional as well as personal accounts of Navy Medicine support to those need in a volatile, landlocked country about as far removed from the high seas as a Sailor can be.

"I'll remember walking the hallways and seeing the absolute motivation and dedication to the mission on a daily basis. Everyone brought 100 percent every single day," shared Wink, noting that it was a challenge being away from home during the ongoing global pandemic.

"Life changed for everyone. We were the lucky ones to only have to worry about work and sleep," Wink continued. "We had a mission while so many others were trying to navigate COVID-19. We had a purpose every single day to battle this pandemic while also battling terrorism."

When asked what was most gratifying about his time in Afghanistan as part of Navy Medicine, Wink replied, "Seeing the team perform. Seeing the response time and seeing everyone caring about the person to their left and right. To see the casualties who survived due to the team and the teamwork was astounding."

The facility went through several naming iterations over the years, from 'PFC Jerod Dennis Hospital,' honoring the 82nd Airborne paratrooper namesake killed in action rescuing other soldiers during an ambush in 2003, to 'Tarin Kowt Role 2E Vascular Center of Excellence and Everything Else,' to 'Best Care Anywhere Role 3 Multinational Hospital,' to finally 'NATO Role 3 Multinational Medical Unit, Kandahar Airfield.'

The name altered a bit over time, but not the mission.

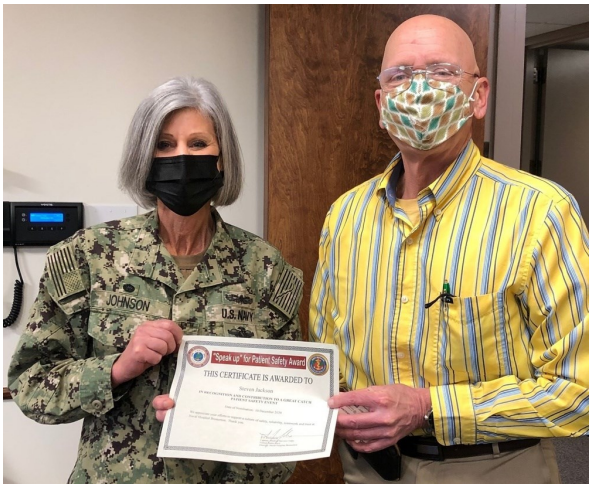
Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided to those in need, many also far from home. The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home.

That old worn signpost made it back, too.

Along with every battle-tested man and woman from Naval Hospital Bremerton, although perhaps a bit more weathered than before.

‘I am Navy Medicine: Once a Corpsman, Always a Corpsman’

[December 18, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When immediate reaction to a potential medical emergency was needed, retired Chief Hospital Corpsman Steve C. Jackson knew instantly what to do.



With no hesitation.

Jackson was waiting in Naval Hospital Bremerton’s (NHB) Main Pharmacy after work recently when he noticed another beneficiary suddenly appear very unsteady, visibly weaken and begin to fall. His initial thought was someone was possibly suffering a cardiac or respiratory arrest.

“The older beneficiary started to look a little shaky. As he grabbed the wall for support, I jumped up to render any aid I could. As he started to fall to the floor, my first thought was to protect his head. Once on the floor, I assessed his condition as he told me that he was prone to syncopal [fainting] episodes. Once I realized he was not in cardiac or respiratory distress, I focused on protecting him from further harm until the Code Blue (cardiac or respiratory arrest) team arrived, which they did very quickly,” said Jackson, NHB Director, Nursing Services and Director, Medical Services secretary.

Jackson attests that when he saw the other beneficiary in need of assistance, his corpsman training automatically kicked in to promptly respond to a potential life-threatening emergencies like cardiac arrest.

“To this day, I have always maintained my Basic Life Support (BLS) certification since becoming a corpsman. I find this skill vital as you never know when you may be called upon to potentially save a life. I have personally used CPR [cardio pulmonary resuscitation] three times in my life including on my own father. He lived another 20 plus years as a result. Whether you are a corpsman or not, get, and maintain the training that could make the difference between life and death. You will never regret it. It may be your very own loved one that you may be called upon to save,” explained Jackson, noting with BLS training, anyone can be prepared to assist in many potentially life threatening situations such as fainting, cardiac arrest, even choking.

“Don’t be that person that says ‘I wish I had known what to do’ after the fact. It may be too late. Make a difference,” stressed Jackson. “It doesn’t matter who you are or what background you come from. You can make a difference. Being able to potentially save a life, even in impossible situations, is the best feeling you could ever have. If you should ever be called upon to face such a scenario, you will be able to hold your head high and say, ‘I gave it my all.’”

Jackson’s efforts were recognized with a ‘Speak Up’ for Patient Safety Award by his command for ‘contributions to a great catch patient safety event,’ supporting a culture of safety, reliability, teamwork and trust at NHB. A co-worker commented that what he did was exactly what any corpsman would be expected to do, because once a corpsman, always a corpsman.

“This statement, ‘once a corpsman, always a corpsman’ says it all. It’s true for me and always will be. I can’t imagine a better feeling and higher purpose than to save someone’s life,” Jackson said.

Jackson has been involved in Navy Medicine since 1982. The Dundalk, Md. native and Dundalk Senior High 1973 graduate starting out as a ward corpsmen before becoming an optician. His tours of duty include USS Theodore Roosevelt (CVN 71) as the sole staff optician, administration head of naval medical clinics in the United Kingdom and various other shore commands. He started his civil service career at NHB in 2006 soon after retiring after 24 years of active duty service.

He was also part of the nearly 300 staff members NHB sent to augment Fleet Hospital Eight at Naval Base Rota Spain in early 2003 to gear up for Operation Iraqi Freedom. He was directly involved in assisting with

treating hundreds of wounded patients.

“I don’t recall exactly when I knew that Fleet Hospital Eight would play a major role, but soon after 9/11, we knew something was ramping up,” recalled Jackson, who deployed from March to September 2003 as leading chief petty officer for Fleet Hospital Eight Surgical Services. “We were materially ready thanks to good preparation and training, but we had no idea what to expect or how it would affect our own lives.”

Jackson affirms to the mettle and resolve of the fleet hospital staff back then to deal with the influx of incoming injured from the battlefield.

“Seeing some of the miracles performed by our surgeons and nurses was truly memorable. They handled facial reconstructions, avulsed limbs, severe eye injuries and more. Our junior corpsmen stepped up to effectively and efficiently handle the support challenge and turned quickly into seasoned professionals,” remembered Jackson.

Jackson knew early on the sea was his calling. His father was a Sailor in World War Two and he grew up with Chesapeake Bay as his backdrop.

“I’ve always been in love with the sea. It’s in my blood! Combining that with my abiding desire to render service and aid to others, Navy Medicine was a natural fit. I knew as soon as I joined the Navy, I was home. From that point forward, I never looked back,” related Jackson.

Jackson was also afforded the rare fortune early in his career to be selected for a Navy Medicine feasibility study to determine if opticians could successfully function at sea on forward deployed ship platforms.

“After the study, I was offered my choice of aircraft carriers. What an opportunity that was. I did eye refractions and exams by day, eyewear fabricating in the evenings and held myriad other important collateral duties. Experiences I wouldn’t trade for the world,” Jackson said.

He still feels part of the Navy and Navy Medicine. In his current role behind the scenes, he is more focused on supporting Navy Nurse Corps, the NHB Chief Petty Officer Mess and executive leadership when needed.

“By taking care of the basic administrative needs of our Nurse Corps, I feel that they can better focus on their experience and operational requirements. I am satisfied by lifting some of their burden so that they can be at the ‘tip of the spear’ without needing to worry about the minutia,” said Jackson.

When asked to sum up his career in one sentence, Jackson replied, “My experience with Navy Medicine and Naval Hospital Bremerton has been one I am honored and fortunate to have had the opportunity to be a part of.”

I Am Navy Medicine: Hospitalman Paul Matthew C. Tie, NHB/NMRTC Bremerton

[Dec. 6, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When there was a need for logistical ingenuity and organizational initiative, Hospitalman Paul Matthew Tie knew just what to do.

He took it upon himself to help ensure Naval Hospital Bremerton’s (NHB) Multi Service Unit was prepared to handle same-day surgery requirements in support of ambulatory procedure unit (APU) outpatient needs.

Tie, originally from Manila, Republic of the Philippines before relocating to San Diego, California, completely overhauled the Multi-Service Unit (MSU) supply room. His resourceful energy rearranged existing resources for emergency usage as well as efficiently allocated supplies for use elsewhere.

For his efforts, Tie was recognized by Capt. Shannon J. Johnson, NHB/Navy Medicine Readiness and Training Command Bremerton commanding officer.

“This project began as a reorganization. That was the general idea, which does affect several things,” said Tie, who started as a general duty corpsman and is currently the assistant leading petty officer and supply petty officer.

Tie demonstrated exceptional attention to detail and an eye for streamlining processes consistent with high-reliability principles.

“We only needed about a quarter of the supplies in the supply room for APU operations. We were able to reallocate some of those supplies to other departments that utilize them. I personally brought items to different departments to be used,” explained Tie, noting that infant formulas were sent to Labor and Delivery (L&D) along with IV fluids, which were also sent to Urgent Care Clinic.

Tie also assisted the daily tally with all supply items. He reorganized the remaining, existing stock which placed all commonly used items up front in the initial few columns of supply bins. That simply relocation move made it easier to retrieve as well as determine which items need replenishing.

“Tie has kept supplies and equipment ready in the case of COVID-19 patients or anything else. He also tracks bio medical repairs on equipment and supply order,” added Lt. Kaitlyn Harmon, who serves as the ward’s department head.

Tie has also rearranged various supplies that are not used every day but are crucial in emergency situations for replenishing code-carts and responding to an emergency such as an adult/pediatric cardiac or respiratory arrest.

“Being recognized for this project was never my intention. I do appreciate Capt. (Andrea) Donalty, chief medical officer and my chain-of-command for this recognition. All I could think of was the command. At the time I thought of this project, it was at the height of the COVID-19 response where we were all adjusting to the new procedures. As little as this project was, I hope it gave the command a little ease,” Tie said.

Tie attests that his initiative to renovate the supply room has been beneficial for staff carrying out their duties.

“It has been great in terms of morale. We are a proud unit. We did what we can do to make our department great. We do have great working relationship inside and outside the department. With this project, it gave a sense of purpose,” Tie said. “Thinking outside the box is what makes a great person let alone a Sailor. After this recognition, it gave motivation to suggest improvements for the better of the department.”

Although Tie’s Navy Medicine career started at NMRTC Bremerton, his interest in medicine was ingrained years earlier.

“Medicine alone is interesting enough because I believe that every individual has to have a little bit of medical experience,” said Tie. “Serving this country has always been what I wanted to do. Being here and making little positive differences with the lives of my fellow Sailors means so much to me.”

After completing high school at Angelicum College, Quezon City, Philippines from 2004 to 2008, he graduated with a Bachelor of Science degree on Information Technology after attending San Beda College in Manila, Philippines from 2008 to 2012.

A family man with wife and daughter, Tie joined the Navy in 2019 and is currently working on his officer candidate school packagen and is also actively engaged in helping stop the spread of COVID-19.

“As a father and a husband, what I can do to protect my family from the virus is follow CDC protocols,” related Tie. “As an ALPO, I look after my fellow corpsmen making sure they are getting the support they need, on and off work and by being the voice to remind our people that this will not last forever. It is difficult since this is not what we are used to. All we have to do it be patient and comply.”

Assigned to a Navy Medicine platform, Tie affirms he’s part of the command effort in support to others in need, and not just during the ongoing pandemic outbreak.

“Compassion and humility are required as medical personnel. I always remember that we are in the position to make a lasting impression on a person’s life. With these difficult times, we are in a place to make someone’s day better,” Tie stated

When asked to sum up his experience with Navy Medicine in one sentence, Tie replied, “It has been eye-opening, challenging and motivating which gives me the drive to be a better person.”

I Am Navy Medicine: Hospital Corpsman 3rd Class (SW/AW) Anthony Johnson

[November 18, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When U.S. Army Lt. Gen. Ronald J. Place, Defense Health Agency (DHA) director called on Naval Hospital Bremerton (NHB), little did a newly arrived Navy petty officer realize he would be front and center during the visit.

Hospital Corpsman 3rd Class (Surface Warfare and Aviation Warfare qualified) Anthony Johnson was selected by his directorate to be recognized by the visiting DHA director for his dependable work on the job and his leadership efforts guiding junior Sailors.

"It was an honor to even be recognized with the short amount of time I had been onboard. I was not aware and was definitely caught by surprise when told to report immediately after completing my Basic Life Support instructor course that day. I love knowing that even if nothing is being said around you, your Chain of Command is always paying close attention and recognizing the hard work and effort we all put in daily," said Johnson, who was hand selected to assist NHB's Healthcare Benefits operations and Referral Management Center in helping service members and their families navigate enrollment complexities, electronic health record MHS GENESIS registration and coordination of care needs.

"I tried to learn as much as possible to become a valuable asset to the Healthcare Operations Department and Referral Management Center," Johnson said, helping conduct daily primary care manager (PCM) assignments and management of patient empanelment for 37 PCMs with approximately 33,800 patients.

He also assisted in coordinating and updating TRICARE enrollment and benefits for more than 7,000 Sailors assigned in the Pacific Northwest, along with handling counseling and management of billing concerns, coordinating virtual appointments and serving as a liaison between NHB and claim(s) advisors.

Johnson is currently the leading petty officer of the Multi-Service Unit managing14 enlisted Sailors in support of nine nurses.

The added responsibility and increased reliability is part of the path that Johnson has followed from Gulfport, Miss. to Atlanta, Ga. where he graduated from Stone Mountain High School in 2001. After time spent unhappily working in construction as a welder, he chose to pursue his interest in medicine, drawing inspiration from his mother in doing so.

"My mother dealt with medical issues for many years of my life since middle school. I always wanted to know the why and the how this medicine or that medicine works, or what is causing the symptoms, how to treat it, etc.," explained Johnson. "I am the oldest of three boys raised by a single parent, who battled cancer since I was 12 years old, which grew my interest in medicine. Plus, I like helping people in need anytime I can."

"I kept good grades, played sports in school, but never knew what I wanted to do until later in life when I decided to go after my interest in medicine," continued Johnson. "I have a daughter who's growing so fast on me, recently turning 14 years old in October and wants to become a pediatrician. I hope to continue in the rate that I love until retirement. I really couldn't imagine any other job for me."

Navy Medicine has already taken Johnson to multiple countries, put him in conversations with diverse groups of men and women who share his same love of medicine as well as provide an educational roadmap to obtain his college degree in health care administration.

As with the rest of his command, Johnson also continues to focus on helping stop the spread of COVID-19.

“Outside of wearing our masks continuously as mandated, we continue to practice decontamination protocols, such as wiping down all frequently contacted areas - door knobs, countertops, desktops, furniture - before and after patient visits. We maintain our safe distances and educate about the risks of being in large groups when out in public,” Johnson said.

Johnson attests that the highlights in his career are centered on the rapport established with those he works with and works for.

“The best part has been the relationships that I’ve built, the mentors who kept guiding and pushing me to do more, and most importantly the tough challenges that I faced, got through, and realized it was only the not knowing what’s ahead that I really feared. Our job field is not easy, it’s not meant to be, and if it was…..everyone would do it,” shared Johnson.

Johnson readily affirms that Navy Medicine has provided him with specific meaning.

“I am contributing to something greater. The amount of patients I’ve seen for minor procedures, minor or major injuries, or simply common colds, I know I helped with an issue that needed resolved. That same person may go out and do something great for someone else,” Johnson said.

Johnson is also making sure his Sailors are prepared to respond to any operational readiness need, as has been the case during the ongoing pandemic outbreak.

“I am responsible to actively engage my team through coaching and providing opportunities to maintain and expand their skillset and personal and professional growth. This ensures that when called upon, they will be better prepared and ready to meet the mission’s needs,” stressed Johnson.

When asked to sum up his experience with Navy Medicine in one sentence, Johnson replied, “I would say my experience is the most fun, educational, stressful, challenging, rewarding adventure ever, and I would do it all over again.”

I Am Navy Medicine – and Blue Jacket of the Quarter – HN Paighton Scott

[September 29, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- It didn’t take long for Hospitalman Paighton Scott to make a noticeable difference.

Scott, a Clovis, Calif. native and Clovis East High School class of 2018 graduate, was recently selected amongst her peers as Navy Medical Readiness and Training Command Bremerton’s Blue Jacket of the Quarter.

The award is presented to enlisted personnel – such as Scott, assigned to NMRTC Bremerton’s Navy Medicine Readiness Training Unit (NMRTU) Everett - who stand out from others in similar paygrades due to dedication to their responsibilities and professionalism.

Scott was cited as an example of the Navy core values of honor, courage and commitment, along with the command’s standards of care, competence and compassion.

“I was incredibly proud of myself, I felt as if all of my hard work had paid off and I was just really excited to represent NMRTU Everett and make my command proud,” said Scott, who has served as a Navy hospital corpsman for approximately 18 months.

“Receiving this award really makes me feel like I made the right decision with my career,” added Scott, who primarily works as an immunization technician. “I have always loved medical, but finding out that I’m

good at it and I am excelling in it is insanely reassuring and exciting."

Scott's Navy Medicine career actually began well before her active duty status, even before graduating from Clovis East.

"A month after I turned 17, as a senior in high school, I went to the recruiting office and a week later I was sworn in," related Scott. "I have always wanted to work in the medical field so choosing my rate wasn't hard at all."

Her interest in a career with Navy Medicine was prompted by both financial considerations as well as the decision to enter a service branch with a good track record in supporting advancement goals of those seeking to further their aspirations.

"I couldn't afford college. Navy Medicine presented a lot of opportunities other than just college. I have acquired a tremendous amount of knowledge that I know will help me excel in a career in the medical field," Scott said. "It is an absolute honor to know that my hard work contributes to the mission and has so much meaning. Even when it feels like something small, it is vital."

Scott knew growing up that supporting those in need was a possible career choice.

"I have always loved caring for people, especially children. I was a nanny before joining the Navy. I wasn't sure if I wanted to be a teacher or a medical professional until a very close family member was admitted into the ICU – intensive care unit - and kept inpatient for almost two weeks when I was 16. Watching how caring and attentive they were in saving her life kind of resolved any uncertainty that I had," noted Scott.
Already in her brief time, Scott readily affirms that Navy Medicine has provided a greater sense of responsibility for her.

"Knowing that people choose to come to me and count on me to help them or get a job done really makes me feel like I'm exactly where I'm meant to be," said Scott, and her workload at NMRTU Everett would seemingly confirm that.

Along with immunizations technician, Scott is a Family Medicine corpsman, a Periodic Health Assessment (PHA) record reviewer, a Central Sterilization Room secondary technician, a Sexual Assault Prevention Response victim advocate and a Healthcare Effectiveness Data and Information Set (HEDIS) secondary user.

She also handles collateral duties as a member of the command's Diversity Committee, and serves as Junior Enlisted Association public affairs officer.

All Scott's duties adhere to the priority of operational readiness set by the Navy Surgeon General, which includes producing force medical readiness and medical force readiness.

"As a corpsman in the Medical Readiness department, tracking immunizations, PHA's and HEDIS measures ensures that all patients are completely up to date on all exams. Tracking individual medical readiness and notifying patients or commands when they or their sailors are due for immunizations, PHA, lab, etc. directly contributes to keeping operational readiness above 90 percent.

The Immunization department's main responsibility is medical readiness. Without proper administration and documentation of vaccines, dependents are unable to attend school and service members are unable to deploy," said Scott.

For much of 2020, Scott has also done her share and more to help stop the spread of COVID-19.

"Working at the clinic Entry Control Point I screen patients for possible COVID-19 symptoms, coordinate with all clinic departments to ensure that patients do not overflow in waiting rooms and that patients are complying with mandated face covering and social distancing guidelines," explained Scott. "This guarantees that all patients and staff members are kept safe and healthy within the premises."

When asked to sum up her experience here with Navy Medicine in one sentence, Scott replied, "My experience has been educational, empowering and trying at times. But I am so thankful for all of the opportunities I've been given and all of the help I have received from my command."

‘I am Navy Medicine’ – helping another in need - Hospitalman Grace Pridmore of NMRTC Bremerton

[Sept. 3, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- It takes more than just awareness to respond to someone showing signs of distress.

It takes conviction of care, compassion and competence to help that someone in need.

Which describes precisely what Hospitalman Grace Pridmore did.

Pridmore, assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton Detachment Puget Sound Naval Shipyard (PSNS), was acknowledged for her selfless effort by Capt. Shannon J. Johnson, NMRTC Bremerton commanding officer, for identifying another Sailor at risk and taking quick action to help get the Sailor to the appropriate level of care, very possibly saving a life.

“I knew my friend had been going through a lot since she arrived to her command and sadly her condition got worse as time went on” said Pridmore, of Kellyville, Okla. and 2019 graduate from Kellyville High school.

“I saw her well-being starting to quickly depreciate. Seeing this problem rapidly spiral out of control I knew I had to be there for her as much as I possibly could,” explained Pridmore. “She fully explained everything she was going through, and I took quick action to get her to someone with the appropriate level of training to help her. I knew from my training that this was the right decision. I contacted my chain of command for additional guidance to ensure we were complying with the COVID-19 guidelines.”

Pridmore declares her chain of command went above and beyond – just as she did - to help out the Sailor in need.

“I stayed with her until she got transferred to higher care. I continued to talk and visit with her as she was receiving this care so she wouldn’t be alone. With the resources and training my chain of command provided me I knew I could be the friend to help her. I will always stick by her side no matter how hard times get,” stated Pridmore.

During the ongoing effort to help stop the spread of COVID-19, Pridmore has also found herself providing daily support against the pandemic outbreak from directing traffic to assuring personal protection equipment is worn in order to ensure worker and patient health is maintained.

“At the clinic we continue to see patients during this time. I ensure that our employees, active duty and civilian, remain healthy to go to work. Without them the shipyard could not operate properly, so their health is extremely important,” said Pridmore.

Although Pridmore has only been part of Navy Medicine for approximately one year, her interest in the career field has long been an aspiration. During high school, she even attended vocational school Central Technology Center for additional nursing and medical education and training.

“I have been interested in the medical field since as long as I can remember. I have been actively chasing this goal since I was a junior in high school, getting my certified nursing assistant, certified medical assistant, and phlebotomy licenses before I graduated high school. I’d seen other students in my school make the decision to join the Navy. I started researching everything the Navy had to offer. I didn’t have any money for college, and I didn’t want to be in debt so this just made sense to me. I could become a corpsman, and do what I love then eventually get a degree,” related Pridmore, convinced that the Navy was for her.

“The Navy to me seemed like the best route for medical in comparison to the other branches,” continued Pridmore. “I also see it as a stepping stone to my bigger goals of the future, like becoming a registered nurse. Being in

the military was a way for me not to do the traditional thing and go straight to college after high school, but I get the opportunity to travel and learn about life."

Pridmore attests her personal story is simple, growing up in a 'very small town' in Oklahoma with her mom and sister, proving herself in school and employed by age 16 as a waitress until entering the Navy.

"I have always put my full effort into everything I do, that's how I was raised. I've been blessed enough to be surrounded by people that love and support me and made me into the person I am today. They taught me good moral values that I always keep in mind," said Pridmore, adding that Navy Medicine has shown what it takes to be in her chosen field.

"I have gained leadership skills and learned how to push myself. You can't get this kind of experience anywhere else," Pridmore said. "I find it very gratifying that I can make people feel safe in their workplace and the satisfaction of helping others to feel safe in their occupation."

When asked to sum up her experience with Navy Medicine in one sentence, Pridmore replied, "Life's not about how hard of a hit you can give, it's about how many you can take and keep moving forward."

'I am Navy Medicine' Hospitalman Kevin Stout, NMRTC Bremerton

[Sept. 1, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospitalman Kevin Stout, assigned to Navy Medicine Readiness and Training Command Bremerton Detachment Puget Sound Naval Shipyard (PSNS)."

Stout, a Redding, Calif. native attended Pioneer Continuation school, and is currently handling such duties as providing acute care, working as a laboratory technician and helping with the clinic's Occupational Health program, the largest of its kind in the Department of the Navy, serving approximately 15,000 Department of Defense (DoD) shipyard workers.

He also took part in the recent Bureau of Medicine and Surgery (BUMED) Radiation Health audit that resulted in zero discrepancies for the third year in a row, considered a remarkable achievement due to being the largest radiation health program in DoD.

The 'Rad Health' program is cited as the 'gold standard' by Naval Sea Systems Command and BUMED audits.

Stout is emblematic of why the program is so highly regarded and a standard of excellence. He was recognized by the shipyard's leadership for performing flawlessly under pressure, conducting a contaminated person drill as part of the overall Radiation Health audit.

"I was [providing] corpsman coverage during the Contaminated Injured Person Assessment. It was my job to ensure overall safety and medical stability of the casualty," said Stout. "The drill was a simulation of a radiation contaminated injury. I responded to a contaminated laceration on the hand. Medical takes priority in these kinds of situations. I quickly assessed the patient and got the bleeding under control. At that point, the very capable Radiation Health team and I started the decontamination process by cleaning the injury to ensure all contaminates were off or out of the patient."

The PSNS Radiation Health Division was very impressed by Stout's emergency medical response in the simulated drill scenario, as well as his demonstration of the strong working relationship between the clinic and the shipyard.

"With the excellent communication between the Rad Health team and I, we were able to show the worker our care for his well-being and get him the help he needs efficiently. I think working as a team shows every worker in the shipyard they're safe at their job and will receive the highest quality of care," explained Stout, adding that in his

approximately four years in the Navy he has the necessary qualifications to handle such scenarios.

Even so, every situation can present a different set of unexpected trials.

“I have trained a good amount for these kinds of situations. The drill can get complicated if we are not communicating with each other or if we spread the contamination,” continued Stout, “With the added restrictions in place due to COVID-19, I would say the most challenging was being able to see out of my glasses while I was wearing a mask and face shield.”

Stout attests that it was gratifying to handle his responsibilities in the drill relying on his acquired knowledge, and knowing that the training he’s done has paid off by being able to address and assess any injured personnel.

“The most important elements demonstrated and shared during such a drill were clinical expertise, composure and professionalism,” Stout remarked.

Stout received the Demonstrated Quality Award by Puget Sound Naval Shipyard Radiation Health Division, ‘as the responding provider to a simulated contaminated injured worker drill during the annual Navy Medicine audit of the shipyard’s Radiation Health Program. HN Stout demonstrated clinical expertise, composure and professionalism. His actions were evaluated as excellent and are indicative of the exemplary partnership enjoyed by the detachment and Radiation Health Division.’

As has been the case for the past six-plus months, Stout has also been directly involved in helping to mitigate the spread of COVID-19.

“My fellow corpsmen and I have screened every single person as they walk through the clinic entrance and take part in cleaning the entire building multiple times a day. I’ve been assigned to our Employee Medicine clinic during this time. Any civilian that comes in for work-related injuries is screened to see if they need light duty or can return to work. My job is to ensure that our shipyard workers are getting the best treatment to continue performing their jobs on the various projects going on in the shipyard,” said Stout, who performs a variety of duties such as pharmacy technician, hazardous waste manager and phlebotomist.

Stout became interested in a Navy Medicine career for job security.

“We always need medical care and law enforcement. I’ve always been interested in the medical field and this was a good opportunity,” related Stout, who has also been stationed at San Antonio, Texas, Portsmouth, Va. and Camp Pendleton, Calif.

When asked to sum up his experience with the Navy in one sentence, Stout replied, “Adapting to change like no other.”

Competent Corpsmen Capably Conduct Contact Tracing for COVID Cases

[August 14, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- They’re part sleuth, part survey, part surveillance.

And all support.

Such is the combined epidemiological ability of Navy Medicine Readiness and Training Command (NMRTC) Bremerton’s Preventive Medicine department. They’ve been assigned with the herculean task of contact tracing for each positive COVID-19 contact investigation since day one of the ongoing pandemic outbreak.

Contact tracing is a painstaking process. The preventive medicine technicians (PMTs) meticulously evaluate those who have tested positive for the coronavirus to determine if they have had close contact and

exposed anyone and any place. Close contact is described as being within six feet of another for more than 15 minutes without proper personal protection equipment such as a cloth face covering.

“Contact tracing is not easy. It can be time consuming and at times frustrating. It can take anywhere from one hour to one day trying to figure out another person’s past movements. We’re contacting someone and asking them to remember back 14 days from the test date to identify anyone or any place they might have infected. Asan important part of any case investigation, it really helps us determine if others have been exposed,” said Chief Hospital Corpsman Dawn Dillow, Preventive Medicine department leading chief petty officer.

The need for timely, concise and accurate contact investigation of all COVID-19 cases is deemed crucial in the ongoing effort to stop the spread of COVID-19. As soon as someone’s test results come back positive, the command’s Urgent Care Clinic and Preventive Medicine contact them.

The contact tracing process begins by clarifying administrative, demographic, and clinical status for each person, along with noting predisposing conditions, clinical testing, hospitalization status, and any treatment update (s).

Next comes going over the novel coronavirus exposure timeline – from the test date backward through the exposure period to earliest exposure date - to identify any sources of infection. This requirement focuses on determining locations of potential exposure for the past 48 hours. The more complete, the better. Addresses and phone number of those deemed high-risk. Work – and play - settings. Dates and times of specific places visited, especially any healthcare facilities, schools or day care centers.

“This is where the challenge comes in,” explained Dillow, of Mims, Fla. “We’re relying and hoping that someone doesn’t have selective memory or hold anything back because they’re afraid they might get in trouble. We’re not tattle tails and out to get someone in trouble with their command, which is going to know their status anyway.”

Dillow acknowledged that it can be taxing to recollect every stop, every location and every person someone encountered. It’s not just a person’s normal routine, but shopping, dining, traveling, and any type of gathering.

“We go over suspected exposure settings, checking any that apply from the same household, co-workers and any healthcare environment,” said Dillow, adding that the PMTs query not just before but also after the onset of symptoms, during the contagious period.

Once all the data has been compiled, that information is collected into COVID-19 contact investigation notes listing such details as the names of any contacts, the date exposed, and if the contact is known to be symptomatic with COVID-19 symptoms.

“Our preventive medicine technicians (PMT) have been trained in this and are the best at what they do in their specialty. No one really knew that much about our Preventive Medicine department. Now? They’re showing they are the real deal. This [stopping COVID-19] is what they’ve all trained for. They know this is serious and important, and do not take their responsibility lightly. They have taken on the challenge of conducting the contact tracings along with all their other duties supporting ship, shore and submarine commands. Their attitude has been tremendous in balancing everything,” commented Dillow.

One such PMT is Hospital Corpsman 3rd Class Tiffany Hubbard, who has worked tirelessly with on contact tracing. Hubbard and her counterparts have been going almost non-stop since March.

“We’re one of the first notified of a (COVID-19) positive case. That notification kicks off a chain of events that we oversee and contribute,” explained Hubbard, from Antofagasta, Chile. “Upon notification from the lab or ordering provider, we notify the COVID-19 subject matter experts and chain of command. We then call the individual to find who might have been exposed so we can track and monitor them to keep our community safe.”

Accomplishing their tracing task is not done electronically or automatically. Its boots on deck to contact a specific individual, then rely – and prompt if needed - on that person to honestly remember their movements and interactions with others.

Along with Hubbard, the Preventive Medicine department team lineup is Hospital Corpsman 1st Class James Gibbens, Hospital Corpsman 2nd Class Ryan Kowalski, Hospital Corpsmen 3rd Classes Brandon Bazeluk,

Amanda Claborn, Brandon Fletcher, Phillip Gomez, and Ricardo Silva, augmented by HM2 Edwin Requeno and HM3 Stephen Hohner.

Although the PMTs deal primarily with active duty personnel, they have conducted contact tracing for a few civilians – federal civil service – before funneling the compiled info to Kitsap Public Health District.

"Once contact tracing is completed, it is sent to Kitsap Public Health District as part of the case investigation. Our relationship is close. We essentially work with the county," Dillow noted.

I Am Navy Medicine, helping to stop the spread of COVID-19: Hospitalman Tiffany Hubbard, NHB/NMRTC Bremerton

[July 25, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospitalman Tiffany Hubbard, assigned to Navy Medicine Readiness and Training Command Bremerton.

Hubbard, from Antofagasta, Chile, graduated from Dimond High School in Anchorage, Alaska in 2013, and as a preventive medicine technician, has been much in demand for her specialty skill and training expertise.

As part of the command's Preventive Medicine department, Hubbard has been vital in assisting to quickly respond and work tirelessly with initial contact tracking and screening for symptoms, close contact – and follow up - investigations and contact tracing of COVID-19 cases, all part of the overall effort to help stop the spread of the pandemic virus.

"My position is integral because it involves promoting health and well-being and preventing disease," said Hubbard, readily acknowledging that preventive medicine technicians (PMT) are just one facet of the command's overall team effort.

"While Preventive Medicine plays a large role in the control of this pandemic we are only a piece of the big picture. We wouldn't be able to be successful without the help of all the amazing individuals that play a role in Navy Medicine," Hubbard said.

Hubbard and the other command PMTs have been going almost non-stop since March responding to the pandemic outbreak.

"We're one of the first notified of a (COVID-19) positive case. That notification kicks off a chain of events that we oversee and contribute," explained Hubbard. "Upon notification from the lab or ordering provider, we notify the COVID-19 subject matter experts and chain of command. We then call the individual and conduct a contact investigation. The contact investigation helps our team find who might have been exposed to the individual so we can track and monitor them to keep our community safe."

"Our team not only handles and assists our hospital staff for COVID-19, but also on the surrounding ships, submarines and with other commands," Hubbard continued. "We educate members of our community on proper hygiene, mask usage, quarantine and isolation protocols, guidance on returning to work and more."

Hubbard entered the Navy in Oct., 2013. Becoming a corpsman was the most intriguing option she received when joining. After graduating from Hospital Corpsman A-school in Fort Sam Houston, San Antonio, Texas – "To learn the fundamental building blocks of being a Corpsman," attests Hubbard - she went on temporary assigned duty to Naval Health Clinic, John H. Bradley Branch Clinic, Officer Candidate School, Quantico, Va. for Operation Bulldog. She was with more than 70 other hospital corpsmen and other health care professionals augmented to provide essential medical support through the grueling training evolution. Being able to immediately put her new-found corpsmen skills to practice turned out to be invaluable.

“I learned what it was like to work hand in hand with our Marine counterparts and execute many of the newly learned skills I acquired from A-school, as well as learn many more,” related Hubbard, who in her seven years has also worked at Naval Medical Center Portsmouth, Va., and Naval Hospital Pensacola, Fla.

Along with undertaking long hours in the overall command response to the current, ongoing coronavirus outbreak, Hubbard and the other PMTs also handle multiple duties, to include performing inspections and surveys of food and food service facilities, berthing spaces, barber and beauty shops, child care facilities, recreational facilities, swimming pools, potable water systems, solid waste and waste water disposal sites and systems.

“My favorite part about being a PMT is that every day brings a new adventure and you never know what that’s going to be until the day begins,” stated Hubbard.

Additionally, PMTs conduct bacteriological analysis of food, water, and ice samples, handle epidemiological investigations and reporting, administer mass immunization programs and conduct nosocomial infection control programs. They apply statistical methods to human mortality, morbidity, and demographic studies, conduct disease vector surveillance regarding insects, rodents, parasites, and other pests, and manage control programs with survey, identification, pesticide application and other control measures.

“Not a lot of people see what we do on a daily basis. But at the end of the day we’re keeping people safe and mitigating preventable things from happening,” Hubbard noted.

Working with occupational health professionals, they can also be called upon to assist in ensuring work place environments are consistent with existing Occupational Health and Safety standards. Hubbard and the other PMT can even provide instructions to other medical – as well as non-medical - personnel in preventive medicine, industrial hygiene, environmental health and occupational health matters.

When asked to could sum up her experience with Navy Medicine in one sentence, Hubbard replied, “I’m honestly just grateful for the opportunity to be able to serve my county and make a difference.”

I Am Navy Medicine, helping to stop the spread of COVID-19: Hospital Corpsman 3rd class Ricardo Silva, NHB/NMRTC Bremerton

[July 23, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- “I am Hospital Corpsman 3rd Class Ricardo (Fleet Marine Force designated) Ricardo Silva.

The Chula Vista, Calif. native and 2007 graduate of Otay Ranch High School, is a preventive medicine technician, currently assigned to Naval Hospital Bremerton/Navy Medicine Readiness and Training Command Bremerton since October, 2017.

As part of the command’s Preventive Medicine department, Silva has been an integral part of quickly responding and working tirelessly with initial contact tracking and screening for symptoms, close contact investigations and contact tracing of COVID-19 cases, along with follow-up investigations after swab exercise testing of individual patients, all part of the overall effort to help stop the spread of the pandemic virus.

“My current role is assisting wing with supplies for Preventive Medicine as well as positive case tracking for Kitsap County and rest of the region,” said Silva.

After initially starting his hospital corpsman career as a dental technician, Silva found himself wanting a different challenge and switched to become a preventive medicine technician. The past five months have indeed provided a trial for him and others in his department.

“I found that preventive medicine offered a lot more in-

teresting responsibilities. It's not the same every day. It's challenging. It's been gratifying making sure our shipmates and their families are being taking care of," commented Silva.

Whether it's a global pandemic or a regionalized epidemic, Silva and the rest of his department manage the various Preventive Medicine and Occupational Health Programs for Navy and Marine Corps forces ashore and afloat in the third largest fleet concentration area.

"Preventive medicine in general, in a pandemic or not, has a goal of preventing disease whether foodborne, vector borne, or any route that may jeopardize our shipmates and their families. This supports mission readiness, not just with a Navy Medicine command, but the entire region surrounded by it," explained Silva.

Silva began his Navy Medicine career as a dental technician with 3rd Dental Battalion, 3rd Marine Logistics Group, Okinawa, Japan. His decision to join the Navy is steeped in his roots.

"I was born and raised in Southern California and joined the Navy because of family tradition and to serve my country," said Silva.

He's seen the world. Along with being stationed on both sides of the Pacific – from Okinawa to the state of Washington, Silva's involvement in the annual U.S. Pacific Fleet humanitarian assistance and then disaster relief preparedness mission Pacific Partnership 2012, afforded him the opportunity to visit several far flung locales in the vast expanse of the largest ocean.

"I assisted in providing optometry care to citizens of in several countries on several Indonesian and Philippine islands and Cambodia during Pacific Partnership 2012," Silva related.

Along with undertaking long hours in the overall command response to the current, ongoing coronavirus outbreak, Silva and the other 'Prev Med Techs' also handle multiple duties, to include performing inspections and surveys of food and food service facilities, berthing spaces, barber and beauty shops, child care facilities, recreational facilities, swimming pools, potable water systems, solid waste and waste water disposal sites and systems.

Additionally, 'Prev Med Techs' conduct bacteriological analysis of food, water, and ice samples, handle epidemiological investigations and reporting, administer mass immunization programs and conduct nosocomial infection control programs. They apply statistical methods to human mortality, morbidity, and demographic studies, conduct disease vector surveillance regarding insects, rodents, parasites, and other pests, and manage control programs with survey, identification, pesticide application and other control measures.

Working with occupational health professionals, they can also be called upon to assist in ensuring work place environments are consistent with existing Occupational Health and Safety standards. Silva and the others can even provide instructions to other medical – as well as non-medical - personnel in preventive medicine, industrial hygiene, environmental health and occupational health matters.

When asked to sum up his experience with Navy Medicine in one sentence, Silva replied, "Most honored and satisfying job in the world."

I Am Navy Medicine: Hospital Corpsman 2nd Class Cruz Gabriela Gallardo, Navy Medicine Readiness and Training Command Bremerton

[July 21, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospital Corpsman 2nd Class Cruz Gabriela Gallardo, assigned to Navy Medicine Readiness and Training Command Bremerton

With approximately eight years in Navy Medicine, Gallardo, from El Paso, Texas, and a 2012 graduate of El Paso High School, is currently the leading petty officer (LPO) for the Optometry Clinic and Optical Support Unit at her command.

Before the onset of her Navy career, there was initial uncertainty what to do after graduating from high school.

"I saw joining the Navy as an opportunity to get away, travel and go to school. Didn't really know what I wanted to do in life. I am the only female in the family to join the service and now my cousins are following my path. Extremely proud," said Gallardo, noting that she became interested in a career in Navy Medicine as a way to help

those in need.

“I love helping people,” Gallardo continued. “I was always taught to help those in need and to give back any way I could. I always wanted to make a positive impact on people’s lives and in the community I am in. When my recruiter talked to me about the corpsman rating and what they do, I signed up.

Gallardo’s personal story is a tale of overcoming long odds and persevering over the improbable.

“My mom came from Cuauhtémoc, Chihuahua, with two kids to raise. When we first got to El Paso, I went to third grade. I didn’t speak any English whatsoever, so school was a little hard for me. Eventually I learned and got better at speaking it. My brother and I were always in some kind of trouble, so the faster we learned to speak/understand English, the better. I joined the military because my family couldn’t pay for school and I really wasn’t an easy kid to take care of. I wanted to get away, see new places, and learn something new. I was tired of being in the same place. And here I am. The military has taught me a lot about myself and it made me change the way I viewed things. I think I’m doing pretty well so far,” said Gallardo.

Navy Medicine initially took her to school – Hospital Corpsman Skills Basic course - followed by specialty training at Optometry “C” School to become an optician. Not content with just that advanced training and education, she is also currently enrolled in University of Maryland University College through Navy College distance learning.

Opticians like Gallardo perform all phases of fabrication with single vision and multifocal spectacles from prescriptions. They are responsible to mark, cut, edge, and insert single vision and multifocal lenses into appropriate frames. They resurface, grind, and polish special single vision and multifocal lenses from ophthalmic lens blanks. They also measure, order, verify, and dispense spectacles; provide spectacle repair and replacement service; maintain and repair optical laboratory equipment; assist optometrists and medical officers in the treatment of patients with ocular disorders; and maintain and operate equipment used for diagnostic screening of ocular conditions. Those opticians like her holding senior leadership roles also perform administrative and managerial duties in optometry and ophthalmology clinics.

“After graduating Optometry tech school I received orders to U.S. Naval Hospital Rota, Spain then Naval Branch Health Clinic Bahrain. I went to Naval Medical Center San Diego on limited duty orders for knee surgery. Now I am here at NMRTC Bremerton,” Gallardo said.

Along with her main responsibilities, Gallardo has also volunteered as a Sexual Assault Medical Forensic Examiner (SAMFE) assistant.

“As a SAMFE assistant, we assist the forensic examiner during the exam for a sexual assault victim. We help with the evidence preservation, collection and packaging and storing it,” explained Gallardo.

She has also added on volunteer responsibility to become a Drug Education for Youth (DEFY) mentor for the youth. DEFY is a self-esteem building program that provides military family children with the tools they need to resist drugs, gangs, and alcohol.

Mentors provide guidance, tutoring and help to share on such topics as substance abuse prevention, gang resistance, physical fitness, citizenship, conflict resolution, and self-esteem development for youth ages 9-12.

As with everyone else at her command, the main focus for much of 2020 has been supporting the effort to help stop the spread of COVID-19.

“In optometry, we are wearing masks and thoroughly sanitizing everything even more after every patient. We have patients screened by the drive-through screening process before entering the building. Staff follows all hygiene protocols that are set in place. Just knowing we are part of the solution and we are doing our part to help with this pandemic is gratifying,” noted Gallardo.

The top priority of Optometry is direct support to the fleet – including units based at Joint Base Lewis McChord - and to that end, Gallardo and her team remain committed to the task at hand.

“Our Optometry Clinic has a lab attached to it. We fabricate about 300 to 400 glasses a day and we support 47 tenant commands across all branches of the armed forces. We are the only fabrication lab in the Pacific Northwest and a lot of people need glasses. It is always awesome that we can do them here in a one or two day turn around. Might not seem like a big deal but it definitely is,” Gallardo exclaimed.

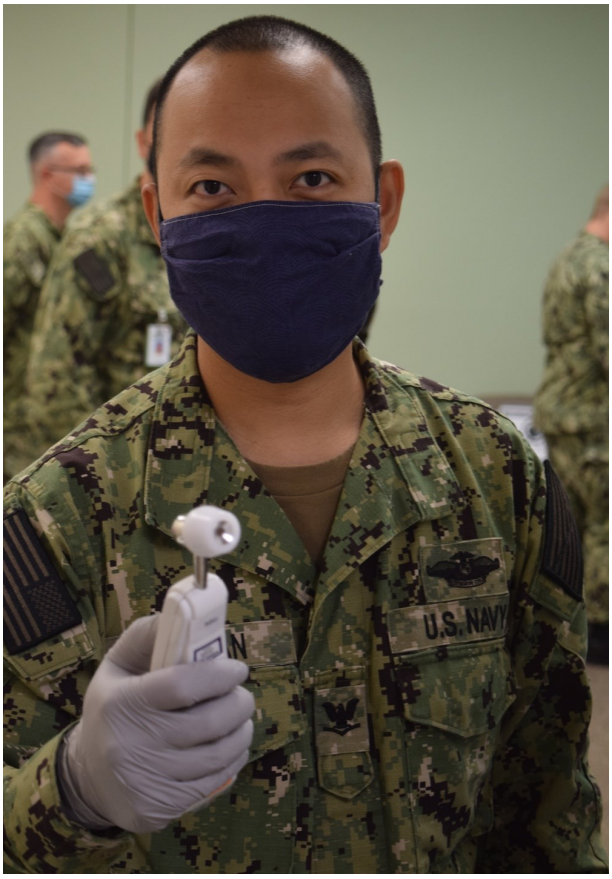
Gallardo attests that the best part of her career in Navy Medicine is being able to lead junior corpsmen.

“Helping them develop into great corpsmen and leaders. Being able to give them the tools they need to succeed and move on,” stated Gallardo, adding that being part of Navy Medicine means being a team. “We help each other succeed and get better at what we do. We are part of an elite group of selfless individuals who are willing to risk our own well-being for our patients and peers.”

The Navy surgeon general has prioritized operational readiness and with the core mission of producing force medical readiness and medical force readiness, Gallardo attests her duty contributes towards the readiness requirement, even during the pandemic outbreak.

“Our duty is to help the fleet and make them ready to deploy. With the lab being here, patients receive glasses, and gas masks in a timely manner,” said Gallardo.

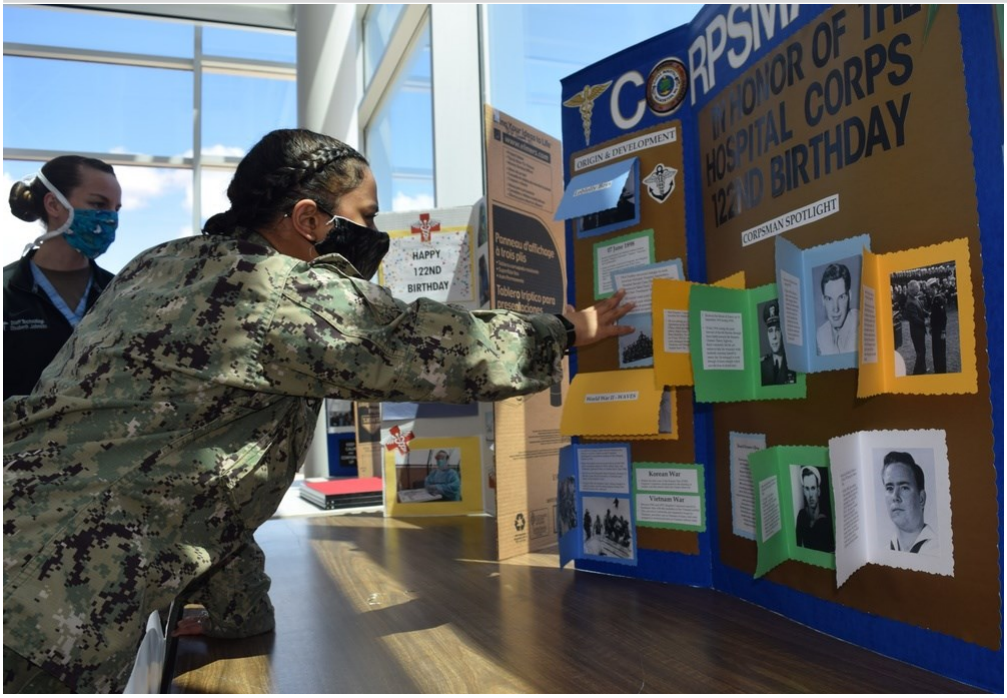
When asked to sum up her experience with Navy Medicine in one sentence, Gallardo replied, “Navy Medicine has taught me more than just medicine. It has taught me to be willing to change and adapt to anything that has been set in place.”



[July 3, 2020] Poised, prepared and professional...From screening to swab testing, Navy Medicine Readiness and Training Command (NMRTC) Bremerton Sailors have been providing support to the Pacific Submarine Force, as well as other Navy fleet assets and eligible beneficiaries, to help stop the spread of COVID-19. Rear Adm. Blake L. Converse, Commander, Submarine Force, U.S. Pacific Fleet, recently contacted Capt. Shannon J. Johnson, Commanding Officer, Navy Medicine Readiness and Training Command (NMRTC) Bremerton, on behalf of his submariners, thanking her command's leadership and Sailors for their support to the Pacific Submarine Force during the COVID-19 pandemic outbreak. "Through these uncertain times, your team took care of my Sailors in a disciplined yet compassionate manner," wrote Converse. "It is clear that NMRTC Bremerton has every Sailor in their best interest. Your efforts contribute to the submarine force's mission readiness." (Official Navy photo by Douglas H Stutz, NMRTC Bremerton public affairs officer)

[April 24, 2020] Screening, testing, and processing orders for COVID -19 are a major emphasis for the Laboratory Department staff members – such as Hospitalman Maggie Strah— providing crucial support to help stop the spread of COVID-19 and have a central role in ensuring service members remain

[June 23, 2020] Keeping on the move during Men's Health Month...As the old saying goes, hills don't get easier, but runners can get stronger by being consistent in dealing with them. And with June as Men's Health Month, Sailors assigned to Navy Medicine Readiness and Training Command Bremerton Optometry department stay active with tempo hill repeat-runs as part of their regular routine to help ensure operational readiness, boost individual fitness and collective health, and remain a ready medical force to support a medically ready force (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).



[June 17, 2020] History shared… Recognizing the Hospital Corps 122nd Birthday centered on a poster board challenge which focused on specific categories of the only enlisted corps such as history, heroes, and service in helping to stop the spread of COVID-19 during a time of social and physical distancing protocols in place during the current pandemic outbreak (Official Navy photo by Douglas H Stutz, NHB public affairs officer).

Enhancing Technological Capabilities in Radiology

[May 27, 2020] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Even in the midst of the COVID-19 pandemic outbreak, clinical support services at NHB continue to advance in patient-care support.

The command's Radiology Department unveiled the latest in advanced x-ray technology May 27, 2020.

The addition of the new equipment can be traced back to 2018 when a newly assigned Sailor checked into the Radiology Department. As an x-ray technician, he quickly realized that his new command could use some upgrading to enhance their x-ray capabilities.

Thanks to the proactive determination of Hospital Corpsman 3rd Class Marc Gasbarri, NMRTC Bremerton has added the Samsung GC85 with AccE Detector.

"It's up and running, all installed and the protocols we have done matches everything we need at this hospital and then some," said Gasbarri. "At this point in time on the west coast we have one of the most state-of-the-art facilities out of anywhere, from (Naval Medical Center) San Diego all the way up to here."

Gasbarri attests that the new radiologic system can support well over 100 patients daily and if necessary, is capable of operating around the clock.

"The new radiographic system is a diagnostic system used for all forms of diagnosis needs ranging from ruling out fractures in orthopedics to working with any soft tissue or organ issues that can be identified in the body," explained Gasbarri. "The radiology department sees most common orthopedic examinations but has seen an increase from other clinical aspects and this system and staff has been able to support all needs."

Additionally, the system is a digital readout with wireless transfer reporting making it directly tied to the Department of Defense electronic health record MHS GENESIS that was deployed at the command in 2017, giving immediate availability for providers to view reports and imaging conducted for that patient.

The upgraded equipment includes auto-positioning capable of moving to more than 500 exam positions - even the most frequent position can be controlled with a handheld wireless remote control – along with a motorized wall stand that allows the operator the ability to precisely position the required angle needed with just one touch of the control panel. There's also an auto-tracking option for synchronization of the movement of the tube and detector which automatically reduces repetitive workflows.

According to Gasbarri, finally getting to the point of becoming operational was no easy task. It involved a lot of moving pieces to make it a reality.

"I started the project two years ago when I first checked on board. So it is really good to see this machine up and running and fully capable," said Gasbarri, readily acknowledging that it was a team effort to accomplish bringing in the new equipment which was echoed by leadership also lauding all the Sailors' efforts.

After the command radiologic technicians received mandatory training to become certified in operating the new machinery, a ceremonial ribbon cutting was held to officially announce the new capabilities.

Capt. Shannon Johnson, commanding officer of NMRTC Bremerton, joined to congratulate the radiology team for their dedication in increasing patient care capabilities.

"I enjoyed being able to participate in the ribbon cutting ceremony for one of our newly renovated x-ray rooms. This has been a two year project, spearheaded by our own HM3 Marc Gasbarri. This is the state of the art imaging machine, and it will substantially improve patient safety, care quality, and also the overall experience of our patients and staff. Well done HM3 Gasbarri," shared Johnson.

Bremerton to Bagram, Kitsap to Kandahar, A Deployed Decade recapped

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — If there's been one constant throughout this past decade – and century up to this point - its Naval Hospital Bremerton (NHB) staff members deployed to Afghanistan.

Whether at dangerous forward operation bases in outlying districts, the busy trauma center at NATO Role 3 Multinational Medical Unit or hectic Bagram Air Field, Navy Medicine personnel have been - and still are – down range.

Hundreds of NHB doctors, nurses, hospital corpsmen, and support staff have answered the call supporting Navy and Marine units as individual augmentees (IA), or attached to a joint command at a number of locales across the war torn country to provide medical care to those in need.

The following chronological accounts represent a fraction of those who have gone in harm's way for Operation Enduring Freedom, Operation Resolute Support, and Operation Freedom's Sentinel. These individual accounts all share one overlapping theme; that of putting service before self in a dangerous land.

Chief Hospital Corpsman Connie Smith was still planning holiday decorations and helping with a holiday meal back in 2009 even though she was over 6,725 miles from home.

Smith, from Kimberly, Idaho, deployed from NHB to Bagram Air Field. She was attached to the 30th Medical Command Task Force, Cooperative Medical Assistance (CMA), a combined Soldier, Sailor and Airmen joint command that focused on health service support, force health protection planning, medical logistics, patient movement, and health care policy.

Smith was operations chief/noncommissioned (noncom) officer in charge of the CMA for the Strong Food Project to help combat endemic malnutrition in local children under the age of five.

"The project helps kids from six to 60 months regain a normal appetite," explained Smith.

According to NATO's International Security Assistance Force Afghanistan, the project began in November 2008 in the southern Afghan province of Zabul. Strong Food is composed of five simple ingredients which can be purchased by locals and then combined with liquid vitamins. The resulting mixture is a daily, high-fat, sweet-tasting blend for children with severe malnutrition.

"I came hoping to make a difference in the lives of the Afghan people," said Smith, who had served in the Navy for 21 years at that time. "The programs we provide are helping them to self-sustain."

According to compiled statistics at the time, the Infant Mortality Rate in Afghanistan in 2009 was 151.95 per 1,000, behind only the West African nations of Angola and Sierra Leone.

"The Infant Mortality Rate is a very important measuring tool," stated Capt. Fred Landro, NHB Branch Clinic Director and department head of Occupational Medicine. "It really is the barometer of the level of health of the country."

There was also a high risk for major infectious diseases amongst the local population, with food and waterborne diseases such as bacterial and protozoal diarrhea, hepatitis A, and typhoid fever, and vector-borne diseases such as malaria, and rabies.

There was no shortage of work for Smith and her team. She was also found that her gender augmented her corpsman knowledge in gaining access to locals that social and cultural norms would not allow for male medical per-

sonnel. Females made up over 48 percent of the population in Afghanistan.

As a high ranking female noncom, Smith was able to see Afghani women and children needing medical support and health care.

“Most of the people were happy to see us,” noted Smith. “While doing a mission in one area, I treated a local Afghan girl who was very strong willed and determined. When I noticed that in her, I knew the mindset is out there that the women can do what needs to be done. While in another area I was the only female provider, so I was working with a local Afghan male doctor, who of course had a great deal of more medical knowledge than I, but the local women would ask to see me.”

As one of the few females with medical knowledge around, Smith participated in numerous humanitarian assistance projects, as well as women/child clinics, once seeing approximately 600 local Afghans in a three-day period at one arranged clinic.

Despite being away from her own children, Smith was very active with Afghani children in her duties.

“I think helping the children has been the most heart touching fact. I hope that what we are doing will make a better life for them.” Smith said.

For Hospital Corpsman 2nd Class Brian Lawrence Sandau, his time down range was in volatile Helmand Province in the southern part of the country, 2009-2010.

NHB’s Ophthalmology Department surgical technician was an IA with Charlie Company, 1st Battalion, 5th Marine Regiment, conducting a critical and precarious offensive in the Helmand River Valley

“It definitely felt like at times being in the middle of hell,” said Sandau, a Tripp, S.D. native, working out of Patrol Base Jaker, located on a wide stretch of the Helmand River valley.

Sandau was part of the Marine Corps initial push into the Taliban heartland. After a Marine Corps force of approximately 200 went in to augment and relieve a British force, Sandau came in with a larger force of 500 a several days later.

“We flooded the area overnight,” related Sandau. “The Taliban woke up and found they had a Marine battalion in their back yard.”

There is an important market town near by the patrol base. The presence of the British and American troops, along with Afghan Army and National Police forces, systematically turned what was a frightened district back towards a calm normalcy.

“We made that area a much more stable and secure place,” Sandau commented. “Residents gradually began to move back. There were merchants in the market place where once there were none. The bazaar opened for business. People were shopping. Even the school reopened.”

“They felt safer because we were there,” continued Sandau. “The local Afghans told us that they wanted security, but many had to be cautious not to be seen with us. Still, one highlight I will remember is when one of the locals came to point out where he had noticed Taliban digging to rig an IED. It took a lot for him to do that. That was a huge risk on his part.”

Sandau attests that the reason why the local shared his knowledge is due to the element of trust that had been established. For his part, being a Navy corpsman proved valuable not only for the Marines he cared for, but also for the local population. After beginning the offensive with the command element, Sandau went to a weapons platoon. He was on patrol every day, carrying 75-plus pounds of gear in summer heat that reached triple digits daily. He interacted and treated locals.

“It was not the most forgiving environment and our patrols weren’t high tech. They were down-and-dirty, ‘Boots on the ground.’ There were times when it was really difficult for us to tell who was who. Sometimes the scene did it for us. After one firefight with a lot of small arms fire coming at us, three insurgents scattered on motorbikes. Another stayed back to see how we responded. They were just feeling us out,” recalled Sandau.

Once the local found out he was a ‘doc,’ any reluctance on their part vanished if medical care was needed.

“They weren’t as worried seeing us or being seen by others seeing us. It was a waterfall effect. The word got around,” said Sandau.

His medical kit bag could only carry so much. He provided treatment for a variety of ailments. Additional treatment for many at the patrol base was considered out of the question by locals who continually feared repercussions.

“They would take what we could give them at the time.”

Danger became as common as the swirling dust and suffocating heat. There were constant threats of booby-traps and IEDs on patrol. Mortar rounds, rocket propelled grenades (RPGs) and small arms fire continually thudded into the patrol base.

“It took a while but I finally got used to it. As we all did,” said Sandau, explaining on how he and others handled the shooting.

The patrol base was as austere as they come. Sandau spent three months in the close-confined area, with approximately 30 Marines, one other corpsman and a host of Afghan forces. In such a harsh environment, it was almost a culture shock to have almost none of the normal comforts associated with the 21st century. Being able to contact home was a limited luxury. Email connectivity was not available. Sports drink mix added to warm drinking water was a luxury.

“Everyone was in the same situation, even the colonel in charge,” said Sandau. “We all adapted and we all got through it.”

At Kandahar Air Field Role 3 Multi-National Medical Unit in nearby Kandahar province, NHB Sailors were setting a back-to-back-to-back precedence.

Hospital Corpsman 3rd Class Bryce Moheit was recognized for his performance as a surgical technician in the Role 3 Trauma Hospital’s Operating Room (OR) with the Junior Service Member of the Month award for April. Moheit followed Hospitalman Andrew Brown, of NHB’s Labor and Delivery department, who was named the initial recipient in February for his work in the Intermediate Care Ward. The March awardee was HM3 Levi Arcaira from NHB’s Internal Medicine department for his contributions in the Urgent Care Unit.

Moheit noted everyone was striving to improve upon their 97 percent casualty survival rate.

“What we do in the Operating Room is vital in saving lives and helping make a difference in this region of the country,” said Moheit.

Moheit’s role as a surgical tech had him readying all instruments and equipment for any OR case, many times with little or no notice beforehand. Day or night, he assisted the surgeons by providing whatever aid was needed be it for neurological surgery, interventional radiology, orthopedic or vascular needs, and more. After one case is over, he helps handle the sanitizing and cleaning up, as well as the restocking of supplies for the next trauma case.

“Preparing for a case while the casualty is being quickly evaluated in the trauma bay is very important,” said Moheit.

More often than not, there was always a following trauma case. Fighting persists against the Taliban not just in the Kandahar region. Casualties arrive from near and far battlefields. Local Afghans also seek treatment for a host of ailments.

“Most of the time we had six to nine cases on the board for the morning shift. We take care of a lot of local nationals as well as coalition forces, everything from triple amputation to a multiple person motor vehicle accident,” said Moheit, adding that a normal work day easily stretches well beyond 12-hours, before starting all over again.

Moheit cited that NHB helped develop his fundamental knowledge and skills to handle the work load and stress level in a war zone.

“I came with experience and got a lot more being here. I have also had a life lesson in compassion and pain. There are those who come in and don’t make it. When I leave the OR, I have seen grieving people from their unit or family. All I can do is offer water and kind words to help lessen their hurt. As with them, I will never be the same,” Moheit said.

HM2 (Fleet Marine Force qualified) Michael Marchante was one – of many - who immediately responded to the need of emergency medical support.

Marchante was involved in combat operations searching for enemy locations when a soldier from the Republic of Georgia stepped on an IED in a wadi (dry streambed) in southern Helmand Province.

He ran approximately 300 meters – well over three football fields in length - across improvised IED laden ground through small arms fire to save the life of a severely wounded soldier.

Once reaching the badly wounded platoon commander, he promptly applied tourniquets and pressure dressings to staunch the rapid blood loss, still coming under enemy gun fire. With the bullets flying all around, he shielded the casualty with his own body and continued to provide life-saving medical care.

For his actions on that day, Marchante was recognized with the Bronze Star medal with Combat Distinguishing Device.

“It was just something that came naturally. As soon as I heard the blast, my training kicked in and I ran to provide medical care. I was the only corpsman there, and that’s what we do,” said Marchante, understating the surrounding dangers of his involvement.

The day began with Marchante, from Murrieta, Calif., part of a mounted Marine patrol that linked up with other coalition forces to participate searching a specific area that was known to provide the enemy with firing positions.

After Marchante’s group established a western vantage point in the area in question, they soon came under sustained small arms fire. Meanwhile, elements of the 33rd Georgian Light Infantry Battalion were actively sweeping for reported IEDs in the area. The soldiers were moving back to their vehicles when the scout platoon commander stepped on the pressure-plate IED. The subsequent blast hurled him into the air, amputated his right leg, and peppered his other lower extremities with shrapnel.

Marchante immediately grabbed his medical kit bag and followed his team leader and two Marine explosive ordnance disposal (EOD) technicians as they quickly swept a safe path through the threat of secondary and tertiary IEDs to the wounded soldier.

Witnesses noted that the enemy gunfire was heavy for the first two to three minutes with rounds landing within inches of Marchante as he focused his complete attention on saving the life of the soldier in front of him. Without regard for his own safety, Marchante instinctively used his body to shield the casualty. While initially positioned at the foot of the

casualty, he then pivoted, exposing his back to enemy fire while he knelt over the casualty to continue to provide protection as he rendered the needed critical care. As the enemy fire continued, other coalition personnel went prone to avoid it, but Marchante remained in his kneeling position to continue to provide vital emergency care.

He applied tourniquets to both legs and several pressure dressings to stop the heavy blood loss. After the Marines positioned a Mine-Resistant, Ambush Protected (MRAP) vehicle to shield the casualty and Marchante, that ended the incoming gunfire threat. By that time, the bleeding had stopped and Marchante assisted in loading the casualty into the vehicle which was then used to transport to a hastily-setup helicopter landing zone. Marchante continued to provide medical aid in the MRAP and up to the point the casualty was handed off to the crew of the Medical Evacuation helicopter.

Throughout Marchante's deployment, his medical assistance was officially documented to be directly responsible for preserving the lives of 14 Georgian soldiers. The summary of action on his award for the Bronze Star read in part that 'his courage under fire, his care for his fellow man, and his proficiency as a corpsman were inspiring to witness.'

"The Marines I deployed with, Army medics and other corpsman in Afghanistan and elsewhere…this is what we do. I didn't think I did anything special, except my job," Marchante said, at the time attached to Supporting Arms Liaison Team Delta, 1st Air Naval Gunfire Liaison Company, Headquarters Group (Forward), 11 Marine Expeditionary Force (Forward) from May 15, 2011 to Dec. 4, 2011.

Their mission to provide support to a few isolated patrol bases manned by soldiers of the Republic of Georgia.

"Marchante displayed courage in the face of the enemy while under fire, and his actions undoubtedly saved the life of the scout platoon commander that day," stated U.S. Marine Corps Capt. S.A. Stewart, team leader, who witnesses the actions.

Overall during that time, Marchante conducted over 100 combat patrols and 50 convoys in support of the 33rd and 31st Georgian Light Infantry Battalion. He established himself as the most knowledgeable medical provider for over 400 Marines, Georgian soldiers, Afghan National Army soldiers and Afghan interpreters.

Along with being continually sought out to provide medical care ranging from scorpion stings to gastrointestinal concerns, Marchante also mentored and tutored the Georgian medics. He also rendered medical care to local nationals, including treating one child suffering from an open fracture. Because of that care and compassion, he helped strengthen the relationship between the Georgian soldiers and the local residents, considered one small victory in the difficult counterinsurgency fight.

Despite Operation Enduring Freedom ending Dec. 29, 2014, Operation Freedom's Sentinel completed Mar. 31, 2019, Operation Resolute Support continues as a NATO-led mission to train, advice, and assist the Afghan National Defense and Security Forces and institutions.

HM1 Nicholas Behel returned from spending approximately a one-year deployment. He was one of three Navy biomedical equipment technicians supporting the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.

"I felt that my work had a direct impact on my unit's ability to complete its mission to render medical aid to American troops and their coalition partners," Behel said.

A biomedical equipment technician like Behel is considered vital to maintain, troubleshoot, align, and calibrate medical equipment.

"In this remote setting, we were the subject matter experts on all facets of the medical equipment life cycle. This included tracking and maintaining around 700 pieces of equipment, providing emergency repairs, ensuring that new equipment requests were compatible with the facility," explained Behel.

Due to the locale, Behel and his other 'bio-med techs' also served as primary casualty receiving personnel and managed their unit's fleet of vehicles.

"The phrase 'turn water into wine' became a slogan for the biomed shop after we managed to revive multiple ag-

ing pieces of equipment including our dental x-ray which was formerly deemed unrepairable," recalled Behel.

As many will readily attest, an Afghanistan deployment can – and will - present many challenges. Behel was faced in dealing with limited spare parts, ageing equipment, operating in a harsh environment that could impact equipment, and a facility with an unfamiliar power supply serving equipment with mixed requirements.

Hospital Corpsman 1st Class Behel also took time to share his expertise as a bio-med repair tech to share with local school age students at the Kitsap Water Festival on a variety of H2O topics such as the pros and cons of aquaponics (soilless agricultural method using the nitrogenous waste produced by sea life and broken down by bacteria to fertilize water-grown crops) and hydroponics (which fertilizes water grown crops via a nutrient water solution)

Yet throughout it all, they made it happen.

"Further, as a biomed technician, our orders were twice as long as our shipmates, resulting in being part of three different rotations. I definitely feel like it was worth it. I made many lifetime friends and got to serve with people from many different places in the world all working towards a common mission. I feel that my sense of humanity was greatly expanded during the experience and am proud of the difference that my country is making," stated Behel.

The 97 percent casualty survival rate achieved on the fields of battle in Afghanistan - and Iraq—did come at a tragic cost which NHB remembers.

There are 57 etched names of hospital corpsmen, 26 who served in Afghanistan, represented on NHB's 'Hospital Corps Heroes' Wall of Honor,' all lost serving their country during time of war.

As Rear Adm. Bruce Gillingham, Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery has announced, the Navy's renewed emphasis is in operational readiness with the core mission of ensuring force medical readiness and medical force readiness.

That emphasis and primary responsibility extends far beyond Central Asia to ashore and afloat needs across the globe to increase survivability in any difficult environment.

Such as that experienced by the men and women of Naval Hospital Bremerton down range.

Note:
Role 1 - refers to emergency medical care in the field, historically handled by independent duty corpsmen.

Role 2 - is a Battalion Aid Station providing emergency surgical care, stabilizing hemodynamic status in order to send the patient to the Role 3. It is also where the wounded are linked up with a nurse and physician in the chain of evacuation.

Role 3 - multinational medical unit at Kandahar Air Field has the highest level of care available in theater, with additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, and preventive medicine.

Role 4 - Landstuhl Regional Medical Center, Germany, is the largest American hospital outside the United States.

Role 5 sites are stateside hospitals with complete treatment and rehabilitation capability.

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